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Developmental Evaluation of a Clinical In-School Counseling Program for At-Risk Students in Crisis

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Walden University
2022

Abstract

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by

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BS, The College of New Jersey, 1990

MA, The College of New Jersey, 1994

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Project Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

A K–12 public school district in the northeastern United States implemented its own clinical in-school counseling program (CISCP) to help at-risk students in Grades 7–12 who were experiencing a crisis. The problem was that the district was unaware of whether the CISCP is helping its students through their crises. The study was important as it provided insightful data into the CISCP's perceived effectiveness to meet the students' needs. The purpose was to examine the perceived program effectiveness of the CISCP in helping its at-risk students in Grades 7–12 through their crises. Through a program evaluation using the developmental evaluation model, this study addressed the research question about the CISCP's successfulness in supporting at-risk students in Grades 7–12 through their crises. To gather data, Likert-scaled surveys from students (n=10) were gathered ex post facto and semistructured interviews were completed with seven key program administrators. Directed by the developmental evaluation where the evaluator is part of a collaborative team that attempts to adapt effective principles to a local context, data analysis led to the main conclusion that the CISCP is effective in providing the at-risk students in the program the help that they need to get them through their crises. The results of the study support positive social change by identifying how to better meet the needs of the at-risk students and it also may help a doctoral student in the future who is performing a developmental evaluation at the local setting.

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Dedication

This project study is dedicated to my wonderful family. To my children Andrew, Patrick, and Caroline, I am so proud of you all. Thank you for being great children and for showing me what is important in life. Also, to my wife Megan, you are my daily inspiration. Sometimes you believe in me more than I believe in myself. Without your constant belief and support, I never would have completed this project study.

Acknowledgments

I would like to acknowledge my parents, Marie and Tony, who have provided the foundation necessary for me to become successful. Thank you both.

I would also like to thank my committee chairperson, Dr. Michael Vinella. I appreciate your honesty, your support, and your friendship. It has been terrific knowing that I have had you in my corner while completing this journey.

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Section 1: The Problem

In 2019, a K–12 public school district in the northeastern United States implemented its own clinical in-school counseling program (CISCP) for students in Grades 7–12 in its middle and high school. The CISCP is unique in that it offers a higher level of clinical counseling and support for students than is usually available in public schools. Previously, students in Grades 7–12 who were in crisis were referred to external services such as outside counselors or out-of-district therapeutic placements. The CISCP, however, provides on-site student support, thus benefiting the students, their parents, and the school.

In this section of the study, I provide descriptions of the local problem, rationale, definition of terms, study significance, review of the literature, conceptual framework, and implications of the study.

The Local Problem

The problem was that although the local northwestern district implemented the CISCP, district administrators were unaware of whether the program was helping the students through their crises. According to the superintendent of the school district, the CISCP was needed based on the number of Grade 7–12 student referrals to external counseling services for the mental health issues students were experiencing. According to the state's department of education, in the school year prior to the implementation of the CISCP, the school district had 1,929 students. According to the district board of education, of the 1,929 students, 86 were given an in-school mental health assessment due to an experienced crisis; 53 students required a referral to outside counseling

services. The superintendent noted that many students did not receive adequate support from the external service. The students' inadequate access to appropriate support was a gap in practice. To address this gap in practice at the local site, the district implemented the CISCP at the start of the 2019–2020 school year, the CISCP.

The district superintendent has stated that providing help to the students in crisis within the school setting is an important step in meeting the needs of those students in Grades 7–12. School is a central workplace for adolescents and, therefore, of great importance to their health and wellbeing, as well as to their general feelings of safety and security. The school is one of the institutions in society that should ensure all students' health and wellbeing (Odenbring, 2018).

Also, it is estimated that, among school-aged children, 12%–30% have mental health disorders that are severe enough to interfere with their educational progress (Odenbring, 2018). Disruptions such as these may have a cumulative, negative effect on critically important outcomes such as high school graduation and college matriculation (White et al., 2017). Providing student support that may increase positive student wellness outcomes also promotes personal and social change through creating safer opportunities for community and learning. The local decision to offer the CISCP was designed to provide help for the students without them leaving the school.

Rationale

The school district's students in Grades 7–12 were not receiving the help that they needed from external counseling services, according to the district superintendent. For many students, the superintendent noted, financial expense was an obstacle as the family

often lacked the required health insurance to receive the recommended services at the outside counseling service. Additionally, due to the number of existing clients in the external counseling services, many students struggled to get timely appointments to address the crisis. Logistically, for single-parent families where the one parent worked, explained the superintendent, it was often a challenge to attend the appointments with the student or to provide transportation to and from them. The superintendent believed that a clinical counseling program within the schools would meet its objective helping the at-risk students through their crises. The purpose of this developmental program evaluation was to examine the perceived program effectiveness of the CISCP in helping its at-risk students in Grades 7–12 through their crises.

Definition of Terms

To better understand their use in the study, the following terms were defined:

At-risk students: Students who are experiencing mental health problems who may be a danger to harm themselves (De Vito, 2017).

Child study team: A team consisting of school psychologists, school social workers, learning disabilities teachers-consultants, and speech-language specialists whose primary function is to evaluate and design appropriate programs for students who are experiencing learning, health and/or behavioral difficulties (De Vito, 2017).

Clinical in-school counseling program (CISCP): A program in a K–12 school district that employs licensed clinical social workers (LCSWs) to help at-risk students through their crises, as defined by the district's local board of education.

Developmental evaluation: A specific type of program evaluation that focuses on the ongoing development of a program. It attempts to adapt effective principles to a local context (Patton, 2010).

Licensed clinical social worker (LCSW): A specialty practice area of social work which focuses on the assessment, diagnosis, treatment, and prevention of mental illness, emotional, and other behavioral disturbances (Hunter et al., 2018).

Out-of-district placement: Occurs when a school's child study team decides that a placement outside of the school is best for a particular student (De Vito, 2017).

Outside counselor: A person who works outside of the school who is trained in the use of psychological methods for helping patients overcome psychological problems (Hunter et al., 2018).

Program evaluation: Evaluation of a program that focuses on program processes and outcomes, aggregate data, and goals-based judgment; they are intended for decision-makers (Patton, 2010).

School administrator: Principals, assistants or vice principals, and supervisors in schools who are responsible for the school's daily functioning. They lead elementary and secondary schools by managing teachers and support staff, overseeing budgets and curricula. Also, they have significant influence over the culture of schools (Furman, 2019).

School counselor: Professionals who assist students in developing skills that will help them be successful in the world by offering skills training, individual and group

counseling, crisis intervention, and by working with teachers, parents, and administrators (Allen-Meares et al., 2013, as cited in De Vito, 2017).

School psychologist: Professionals who apply their expertise in mental health, assessment, and behavioral health to support student and teacher's needs (National Association of School Psychologists, 2019).

Significance of the Study

The study made a significant contribution to the school district by determining whether the perceived program effectiveness of the CISCP meets the needs of the at-risk students in crisis who are in the program. The CISCP is unique in that it offers a higher level of clinical counseling and support for students in Grades 7–12 that is usually not available in public schools. Previously, students in crisis were referred to services outside of the school such as outside counselors or out-of-district therapeutic placements. Now, the CISCP provides help for the students without them leaving the school. The research filled a gap in educational practice by assessing the perceived program effectiveness of the CISCP in helping the at-risk students through their crises.

The findings of the study were a benefit to both the central administration of the school district as well as the administrators of the high school and middle school who work directly with the program. The study informed both the central and school administrators if the program's perceived effectiveness meets the needs of the students in the program and which items need to be changed to meet the goal of helping at risk students in Grades 7–12 through their crises. Also, the study's findings lead to positive social change by identifying barriers that need to be adjusted to better meet the needs of

the at-risk students through their crises. Finally, the findings of the study can help a

doctoral student in the future who is performing a developmental evaluation at the local

setting. That doctoral student can view the design of the study and use it for the benefit of

their own study and for social change at their own local setting.

Research Question

RQ1: How does the CISCP in a public school district in the northeastern United

States meet its objective of helping the at-risk students through their crises?

Review of the Literature

In this section, I provide a review of the literature of the study. It includes a

review of the conceptual framework, how it relates to the study, and a discussion on the

broader issue of student mental health. In addition, I present an overview of topics

covered in the review.

Conceptual Framework

The conceptual framework for this study was based on Patton's (2010)

developmental evaluation, a specific category of the program evaluation. Gathering

detailed information about program implementation and the perceived effectiveness of

meeting its objective properly informed the CISCP administrators. According to Patton,

program evaluations are known for their focus on program processes and outcomes,

aggregate data, and goals-based judgment, and they are intended for decision-makers.

The specific type of program evaluation used was developmental evaluation, where the

evaluator is part of a team whose members collaborate to conceptualize, design, and test

new approaches in a long-term, ongoing process of continuous improvement, adaptation,

and intentional change. The evaluator's primary function within the team is to facilitate team discussions with evaluative data and logic, and to produce data-based decision-making in the developmental process (Patton, 2010). I used the developmental evaluation lens to determine the perceived program effectiveness of the CISCP in helping its at-risk students in Grades 7–12 through their crises.

Developmental evaluation focuses on the ongoing development of a program (Patton, 2010). It is an attempt to adapt effective principles to a local context. In addition, developmental evaluation forms a rapid response to a crisis where it will explore real-time solutions and generate innovative and helpful interventions for those in need (Patton, 2010). Developmental evaluators bring an integrated understanding of evaluation traditions and its limitations as well as developmental evaluation principles to working in complex program situations. Developmental evaluators tailor systematic evaluative inquiry to meet the utility needs and developmental aspirations of program clients in collaboration with them. (Lam & Shulha, 2015). Finally, developmental evaluation allows for a program to remain resilient. In developmental evaluation, resilience is the capacity to experience significant change and yet still maintain the integrity of the original program (Patton, 2010).

I used a developmental evaluation to study the effectiveness of partnerships between research and practice in K–12 educational systems. Cooper et al. (2020) found that developmental evaluation, especially if paired with strong social network analysis and theory, encourages the adaptive decision-making and continuous learning cycles necessary to optimize the effect of the partnerships for the benefit of teachers, students,

and communities. In addition, Searle et al. (2017) explored the contributions of selected

collaborative approaches to evaluation principles as they are applied in a developmental

evaluation. The researchers noted that developmental evaluation is a collaborative

endeavor and, therefore, the evaluator must be proficient in developing relationships that

will lead to quality evaluations and, ultimately, quality programs. The goal of the

developmental evaluation in the study was to use blended learning to engage teachers in

the knowledge work and skill development required to improve students' inquiry and

questioning skills in science. Searle et al.'s findings were that collaborative approaches—

such as the developmental evaluation—are about relationships; and fostering meaningful

relationships is a complex process. They also found that monitoring evaluative process

when undertaking collaborative aspects of the developmental evaluation requires a shared

vision.

   The developmental evaluation is a good framework to use for the project study.

The study's purpose is to examine the perceived program effectiveness of the CISCP in

helping its at-risk students in Grades 7–12 through their crises. A developmental

evaluation focuses on the processes of programs, their improvement, and their

adaptability to change (Patton, 2010). These areas of focus are applicable the study,

which intends to inform district administrators of the CISCP's perceived effectiveness.

Additionally, developmental evaluations focus on adapting effective principles to a local

context as well as on crises, both of which are relevant to the study.

Review of the Larger Issue

On a broader level, the mental health problems of adolescents are recognized as a major and increasing problem in schools as well as in society at-large. Current tendencies in society show that an increasing number of young people are suffering from different forms of anxiety and must seek professional support to manage them (Odenbring, 2018). According to Hoover and Bostic (2021), 1 in 5 children is adversely impaired by a mental health condition, yet less than half of these children receive treatment. Also, of those who do, most receive fewer than four sessions of care in community mental health settings. For youths living in poverty, without insurance, or from racial-ethnic minority groups, access to mental health treatment is even more limited. Many of these youths do not receive mental health care (Hoover & Bostic, 2021). For instance, issues like anxiety and depression result in behavioral problems, poor performance in school, and increased risk-taking behaviors like consumption of drugs, tobacco, and alcohol (Basu, & Banerjee, 2020). Moreover, Swartz et al. (2017) noted that depression in youth is prevalent, often disabling, and sometimes lethal. It generates 10%–11% of all medical burden and disabilities worldwide.

Six percent of all deaths in the age group of 15–29 are due to suicide, second only to road accidents as the worldwide leading cause of deaths (Basu & Banerjee, 2020). Researchers have suggested that suicides are mostly related to mental health issues like psychiatric illness, depression, substance use, and psychosis. However, such issues are rarely addressed at homes and schools, resulting in the isolation of those affected (Basu & Banerjee).

The classroom is an environment where students spend most of their time. The quality of the classroom plays an important role in the students' perception, feelings, and experiences (Tabrizi & Sheikholeslami, 2020). Students learn most of their required emotional skills in the classroom environment. In a study that focused on the effect of the classroom on the mental health of students, Tabrizi and Sheikholeslami (2020) found classroom structure does affect students' mental health, especially when the student is not interested in the academic content. In addition, they found that when students are evaluated or graded harshly by teachers, their levels of anxiety and depression increase, mental health issues which can lead to dropout and drug abuse.

In a study that focused on the effects of the COVID-19 pandemic on the mental health of adolescents, Magson et al. (2021) found that adolescents are more concerned about the government restrictions designed to contain the spread of the virus than the virus itself. In addition, they found that those concerns are associated with increased anxiety and depressive symptoms and decreased life satisfaction.

Overview of Topics Covered

Within the literature review, the main topics covered were counseling services in schools, at-risk students and students in crisis, program referral, developmental evaluation, and program evaluation. In addition, there were specific elements of the developmental evaluation covered such as ongoing development, adaptation to the local context, and response to crisis. The main search terms consisted of *at-risk students, developmental evaluation, counseling, counseling program, school counseling program, students' mental health, perceived effectiveness, middle school,* and *high school*. I

searched Walden library databases such as ERIC, Education Source, SAGE Premier, ProQuest Education, Psychiatry Online, ScienceDirect, and Taylor and Francis online. I additionally discovered resources by reviewing the reference lists of the studies listed. I searched common topics throughout the studies and search findings. When I found relevant studies, I analyzed them to determine whether or not to include them in the reference list of the study.

Counseling Services in Schools

There are counseling services available in schools to address the mental health needs of students. For adolescents, depression is the most common mental health issue, affecting 1 in 8 adolescents (Federal Interagency Forum on Child and Family Statistics, 2017). Students needing mental health support are more likely to pursue services within the academic setting than through a local mental health agency (King-White, 2019). It is important that schools be prepared to provide the necessary support to students. Within the school setting, certain mental health professionals are typically available to support students' overall mental health. Approximately 78% of schools have a school counselor on site and 61% have a school psychologist. However, just 42% have a school social worker (King-White, 2019).

The United States decided to take action to help the mental health of its students. In late 2015, the Every Student Succeeds Act (ESSA) was passed to address the mental health needs of students in the K–12 school setting. The ESSA led schools to align academic goals with mental health goals (King-White, 2019). The ESSA expanded both the emphasis on and the funding for efforts to meet students' mental and behavioral

health needs. Additionally, the ESSA required a collaboration of mental health professionals within the school setting (King-White, 2019). With the ESSA, the nation took a major step forward in improving the mental health of its students.

Schools are an optimal setting to identify, manage, and sustain progress for children with mental health problems (Hoover & Bostic, 2021). An ever-growing body of evidence indicates that integrating mental health supports and services directly within the school setting is an effective delivery system for child mental health programming. Delivering mental health treatments in schools has substantial benefits, including improved access to care for far more children, improved adherence and participation in treatment, early problem identification and diminished influences on mental health conditions, decreased stigma among children and their families, and positive effects on academic and psychosocial functioning (Hoover & Bostic, 2021). School mental health models position an interdisciplinary team of specialists to support children in a natural, inclusive setting. When more intensive services and other important specialty supports such as speech therapy, occupational therapy, behavioral specialists are needed for mental health challenges, they can often readily be added to the schools' foundation of universal supports. School is a familiar meeting place for most children, providing a more accessible and comfortable site for students to receive mental health services than hospital or community mental health settings (Hoover & Bostic, 2021).

Teachers are in the unique position of being able to identify possible externalized or internalized issues of behavior and refer students to support services (Marsh & Mathur, 2020). They can refer students to different mental health professionals within the schools.

Hoover and Bostic (2021) found that shifts in delivery systems also recognized that educators were well-positioned to identify and address student mental health concerns. Almost 2 decades ago, the U.S. Surgeon General identified teachers as frontline mental health workers and advocated training for them to help identify and manage child and adolescent mental health difficulties beyond generally supporting positive social-emotional development for all students (Hoover & Bostic, 2021). As school staff members engage with students 6-hours per day, 5-days per week, for 40-weeks per year while also placing daily performance-demands on children, they are best positioned to recognize emerging or persisting struggles among these children. Similarly, school staff are well positioned to work with families to coordinate organized responses to students' needs, align interventions, and apply strategies in naturalistic situations where they can encourage students to use problem-solving skills while they continue their curricular education (Hoover & Bostic, 2021).

Teachers should be aware of the person in the school who is responsible for coordinating the mental health program (Kang-Yi et al., 2018). This person may be a counselor, school psychologist, school social worker, another teacher, or an administrator. School counselors develop programs to support student success in academics and social and emotional development (American School Counselor Association, 2019). School psychologists apply their expertise in mental health, assessment, and behavioral health to support student and teacher's needs (National Association of School Psychologists, 2019). Finally, school social workers are also qualified to provide either direct or indirect mental health services on school campus.

School social workers may participate in services including assisting in the design of behavior intervention plans, school safety plans, preventive mental health support plans, group or individual counseling, family counseling and may work as a home to school liaison (School Social Work Association of America, 2019, as cited in Marsh & Mathur, 2020).

Building a continuum of mental health supports directly into schools leads to positive social, emotional, behavioral, and academic outcomes. Mental health promotion efforts for all students, including social-emotional learning (SEL) programs and efforts to elicit positive student behaviors, reveal positive skill development, reduction in conduct problems and unwanted school outcomes such as suspensions, office discipline referrals, and even prevention of student anxiety and depression (Hoover & Bostic, 2021). Similarly, early intervention and treatment in schools can reduce mental illness, including substance use. Finally, among the most compelling arguments for educators to incorporate mental health supports and services in schools is the mounting evidence of positive effects on academic indicators, including test scores, attendance, and grades (Hoover & Bostic, 2021).

Despite the positive connection between mental health supports in schools and students' mental health, schools are struggling to do their part in providing mental health services for students. According to Searcey van Vulpen et al. (2018), lack of funding and limited school mental health professionals were identified as school-related challenges in offering mental health services. Even when schools have mental health programs available, the services are often limited to only those students who are receiving special

education services within those schools. This develops a barrier to service access for other students who could benefit from assessment and treatment as well (Searcey van Vulpen et al., 2018). Along with the school infrastructure challenges, parent and guardian involvement is also a barrier for program and service utilization. Children living in rural areas face additional barriers for service-access. Residents in rural areas, in general, face shortages in mental health providers (Searcey van Vulpen et al., 2018).

At-Risk Students

The mental health problems of adolescents are recognized as a major and increasing concern in schools as well as society at large. Current tendencies in society show that an increasing number of young people are suffering from different forms of anxiety and must seek professional support to handle these issues. School is a central workplace for adolescents, and therefore of great importance to their health and wellbeing as well as general feelings of safety and security. The school is one of the institutions in society that should ensure all students' health and wellbeing (Odenbring, 2018). Also, according to White et al. (2017), among school-aged children, 12%–30% have mental health disorders that are severe enough to interfere with their educational progress. These disruptions may have a cumulative and negative effect on critically important outcomes such as high school graduation and college matriculation. Additionally, depression in youth is prevalent, often disabling, and sometimes lethal. It generates 10%–11% of all medical burden and disabilities worldwide. In the United States in 2015, 12.5% of youth aged 12 to 17 experienced at least one major depressive episode in the past year (Swartz et al., 2017). Yet, only 39% of those youth received

treatment for depression due to lack of either health insurance or access to an appointment.

A variety of social, economic, and environmental risk factors can negatively influence adolescent mental health. In addition, puberty brings dramatic developmental changes physically, cognitively, and socially, including increased time spent with peers, unaccustomed secondary school environments, and new social hierarchies. Mental health problems can accompany these developmental changes Not addressing these problems can have significant negative effects including impaired peer relations, decreased school engagement, and later problems with mental health, adult relationships, suicidality, and later unemployment (Caldarella et al., 2019).

Mental Health Supports in Schools

Accessing mental health services in the school has become easier due to changes in the delivery of evidence-based models of education in schools. Multi-Tiered Systems of Supports is a framework that integrates academic and behavioral instruction and intervention at three specific levels (LoCurto et al., 2020). The first tier of support is a universal intervention, which sets standards for students in all regular classroom settings. Next, the second tier is targeted and supplemental. It is focused on students who require additional help and monitoring. Finally, the third tier is the most intensive and individualized. It targets specific areas and provides remediation, if necessary. Although the framework has been around for a decade, there are still large gaps with identification and treatment of youth with anxiety in schools. Identifying and referring youth with mental health concerns, including anxiety, is the responsibility of teachers and other

school staff. Unfortunately, one third of students with severe mental health concerns slip

under the radar (LoCurto et al.).

When students are not identified, they are less likely to have accommodations in

place and, therefore, may not get the help they need (Green et al., 2017). When

examining systematic screeners among students with emotional and behavioral disorders,

Eklund and Dowdy (2014) found that utilizing a teacher screener identified 11% more at-

risk students than teacher referral, alone. Following identification of an emotional or

behavioral disturbance, the most common referrals are for special education, followed by

an intervention implementation and finally a consultation with a specialist such as a

school psychologist. Children who do receive treatment for anxiety in school compared

with outpatient community mental health centers tend to be female and not white

(LoCurto et al., 2020).

The types of school-based services provided to and used by anxious youth,

specifically, have rarely been examined in the literature (LoCurto et al., 2020). One

exception to the examination of support, although not examined strictly with anxious

youth, was a study by Kutash et al. (2011). In this study Kutash et al. (2011) compared

the effectiveness of four school-based mental health programs for youth with emotional

disturbances. The first was an integrated program which works with community agencies

to provide support and services. The second was a milieu approach that the district

operates and the curriculum is enhanced. The next was a pull-out one program that

district operates and school provides counseling services. The final one was a pull-out

two program that the district operates but contracts out to mental health agency staff who

provides counseling services. The authors concluded that no single program was superior, however, having a diversity of services was associated with better outcomes (Kutash et al., 2011).

In the study by LoCurto et al. (2020), the use eight types of school mental health services and supports, as reported by parents, and predictors of using these school mental health services and supports among youth with anxiety disorders were examined. According to parental perception and knowledge, within the last 3 months, between 8% and 48% of students with an anxiety disorder received some school-based service. One reason for this could be that teachers—as the main source of referral to school-based mental health services—are unaware of anxious youth who need services. Teacher training is lacking when it comes to identifying and managing social and emotional problems within the classroom setting (LoCurto et al.). Another reason is less than half of youth using school-based services could be due to parents not advocating for their child to have a formal assessment done or due to their lack of trust regarding the school's ability to help their child. Given that parents who struggled with their own psychopathology and parents who had higher levels of strain were more likely to have students connected to school services (LoCurto et al.).

Response to Students in Crisis

Another purpose and use of developmental evaluation is to support innovation in responding to crisis within a particular context (Patton, 2010). The CISCP helps the at-risk students in the program through their crises. Often, the social workers in the program perform risk assessments when students demonstrate they may be at risk of harming

themselves. Several screening programs are established for use in schools as an effort to reduce student deaths and identify and provide help to adolescents struggling with treatable disorders (Hilt et al., 2018). These programs rely on screening tools that assess risk factors for suicide, and unfortunately, the science of predicting suicide is not precise (Franklin et al., 2017).

Existing screening programs have demonstrated some success in identifying students who may be suffering from mental health conditions and connecting them to treatment which is important given that over 90% of people who die by suicide have a mental health condition (Hilt et al., 2018). Screening programs must be sensitive enough to validly identify individuals who may be at risk for suicidal behaviors, but also have an adequate level of specificity to prevent an inordinate number of false positives. Although many school-based suicide screening programs exist, many are quite brief and only assess for one or two risk-factors, underscoring the need for a more comprehensive program that can identify students who may otherwise be overlooked (Hilt et al.).

Implications

The study made a significant contribution to the school district by determining if the perceived program effectiveness of the CISCP meets the needs of the students in Grades 7–12 who are in the program. The CISCP is unique in that it offers a higher level of clinical counseling and support for students that is usually not available in schools. Previously, the students in crisis were referred to services outside of the school such as outside counselors or out of district therapeutic placements. Now, the CISCP provides help for the students without them leaving the school. The research fills a gap in

educational practice at the local level by assessing the perceived program effectiveness of the CISCP in helping the at-risk students in Grades 7–12 through their crises. The study findings informed revisions of and improvements to the CISCP. Also, the study provided a template for future researchers by showing the necessary steps of how to conduct a developmental evaluation on the local level.

The findings of the study were a benefit the school community. First, the findings were a benefit the administration of the school. The study informed them if the perceived program effectiveness met the needs of the students in the program and which items may need to be changed to meet the intended goal of helping at risk students through their crises. Also, the study's findings lead to positive social change by identifying barriers that need to be adjusted to better meet the needs of the at-risk students through their crises. The findings of the research informed the development of the project deliverable. The study led to a policy paper on the effect of a developmental evaluation on the perceived effectiveness of a counseling program at the local site. A presentation on the policy paper to the local board of education will follow.

Summary

The conceptual framework for the study was based on Patton's (2010) developmental evaluation. Developmental evaluation focuses on the ongoing development of a program and attempts to adapt effective principles to a local context. Consequently, the study relates well to the developmental evaluation framework. The study findings were a significant contribution to the school district by determining if the perceived program effectiveness of the CISCP meets the needs of the at-risk students in

crisis who are in the program, which lead to revisions and improvements in the program. In the next section of the study, I provide an overview of program evaluation methodology, the design, and the participants. I also include a description of the data collection and analysis methods as well as the limitations of the evaluation.

Section 2: The Methodology

The purpose of the study was to examine the perceived program effectiveness of the CISCP at a public 7-12 school in the Northeastern United States in helping its at-risk students through their crises. For this study, I conducted a developmental evaluation of the CISCP. In this section, I explain the evaluation design and participants for selecting and including participants. In addition, I detail the data collection methods, the data analysis processes, and the results as well as limitations of the study.

Program Evaluation Design and Approach

The design of the study was a program evaluation. According to Patton (2010) program evaluations are useful for decision-makers as the evaluator focuses on program processes and outcomes; aggregates multiple forms of data; and, from these data, forms goal-based judgments. The specific type of program evaluation that I used in this study was *developmental evaluation*, a model in which the evaluator is part of a team whose members collaborate to conceptualize, design, and test new approaches in a long-term, ongoing process of continuous improvement, adaptation, and intentional change. In this model, the evaluator's primary function is to facilitate team discussions with evaluative data and logic and to produce data-based decisions throughout the developmental process (Patton, 2010). I selected the developmental evaluation to determine the perceived program effectiveness of the CISCP in helping its at-risk students through their crises.

Patton's (2010) developmental evaluation was appropriate to examine the CISCP in two main ways. First, as developmental evaluation is appropriate for ongoing program development as well as evaluating a nonlinear system, it provided a lens to examine the

beginning and subsequent successfulness of the CISCP as it adapted to new conditions of a complex school and social systems. Additionally, the developmental evaluation processes were appropriate for identifying effective general principles and innovations from elsewhere that were or could be applied to the context of the CISCP (Patton, 2010). By choosing a program evaluation model that is appropriate for assessing the dynamics of an intricate program designed to promote personal, social, and systemic change, the evaluation processes are more likely to generate aligned outcomes and data findings that may contribute to local and program improvement.

<div align="center">**Participants**</div>

For this program evaluation, I gathered data through ex post facto student satisfaction surveys and semistructured interviews. Because the CISCP organic processes including student completion of the survey data and the results were shared ex post facto, the survey respondents were not truly participants in this study. In this section, I describe the process of obtaining the ex post facto data and the selection processes of the participants for the semistructured interviews.

Student Satisfaction Surveys

To obtain data on student satisfaction with the CISCP, I emailed the district superintendent requesting permission to use deidentified student data in this program evaluation. Upon my request, and after approval by the Walden Institutional Review Board (IRB Approval #06-15-21-0723477), the superintendent procured student responses to the confidential survey. This data set included responses from 10 students

and included no indicators of the students' identities. I analyzed these data in this program evaluation.

Semistructured Interviews

There are many professionals who work with the CISCP at the district's middle and high school. They include the LCSWs, guidance counselors, child study team members, and school nurses. I excluded these professionals from the study because I provide professional evaluations for them. Therefore, within the developmental evaluation, the participants in the semistructured interviews were seven other administrators who work with the CISCP in the middle and high school and who both oversee the program and refer students in Grades 7–12 to the program.

The seven participating administrators are individuals from the district and the different building levels. The superintendent, assistant superintendent, and the director of special services provided district-level perspectives. Additionally, the high school principal and academic supervisor represented high school perspectives, and the building principal and assistant principal contributed on behalf of the middle school. All participating administrators collaborated with all program professionals, including the clinical social workers who directly counsel the students.

To gain access to potential participants in this study, I initiated an email that explained the nature and purpose of the study and requested their participation in an interview. When an individual communicated a desire to participate, I coordinated a time for the interview and completed it. After the interview was completed, I sent a follow-up email to thank them for their participation in the study.

Sample sizes in qualitative research are typically small. Yin (2018) suggested choosing a sample of people who are knowledgeable about a particular case or program. In this evaluation study, the participating school and district administrators were key stakeholders in the CISCP processes and provided key perspectives in understanding the program effectiveness. I analyzed data from the seven semistructured interviews and the confidential student surveys to identify themes to determine perceived program effectiveness. I followed IRB guidelines to protect participants and their rights by maintaining confidentiality, providing informed consent, and protecting them from harm throughout the study.

Data Collection

I used two instruments for data collection in the study: a student satisfaction survey (see Appendix B) and semistructured interview guide (see Appendix C). The survey gathered both quantitative and qualitative data from student participants in the CISCP, and the interviews gathered only qualitative data from CISCP administrators. In this section, I describe the data collection processes including the tools and data types culled with each as well as the steps for gathering both the quantitative and qualitative data in this developmental evaluation.

Student Satisfaction Survey

The student satisfaction survey was a simple 13-item assessment tool: 10 Likert-scale items and three open-ended qualitative questions. The 10 Likert-scaled items required that respondents indicate their level of agreement with the provided statement. Their choices were 1 (*strongly disagree*), 2 (*disagree*), 3 (*agree*), or 4 (*strongly agree*).

The quantitative survey items addressed three categories: (a) respect: how they were treated by the counselors; (b) connection: the ease of communicating and timeliness (e.g., setting/keeping appointments); and (c) helpfulness: the successfulness of the counseling experience to improve the specific problem or other positive outcomes (e.g., school attendance and grades, lifestyle). Table 1 details the survey items by category.

Table 1

CISCP Student Satisfaction Survey Quantitative Items Construct Category

Quantitative items ($n = 10$)	Respect	Connection	Helpfulness
1. I was treated considerately and respectfully by my counselor.	x		
2. At the start of my counseling, I met with my counselor in a timely manner.		x	
3. My counselor is able to meet w/ me on a regular and consistent basis.		x	
4. When I meet with my counselor, I am getting the help that I need.			x
5. My counselor maintains proper confidentiality in what we discuss in our sessions.	x		
6. My counselor communicates properly with my parents.		x	
7. What I have learned in counseling has led to positive changes in my life.			x
8. My attendance has improved since being a part of the counseling program.			x
9. My grades have improved since being a part of the counseling program.			x
10. I live a healthier lifestyle in at least one area: i.e., more sleep, exercise more, eat better, use less alcohol/drugs, healthy relationships.			x
Total	2	3	5

Additionally, the survey included three open-ended items that provided opportunity for students to share insight for program improvements or to elaborate on previous responses to scaled-items. These qualitative items were not defined by a specific construct but were available for students to provide any additional information. In the data gathered for this study, there were only seven responses provided to the three items.

Table 2

Number of Responses to CISCP Student Satisfaction Survey Qualitative Items

Qualitative items	Number of responses
1. Do you have suggestions to improve the program?	4
2. Would you like to elaborate on any of the questions above?	1
3. (Only for students who have exited the program). What was the improvement that you had personally that led you to exit the program?	2
Total	7

The student satisfaction survey is conducted annually by the LCSW, within the program, to gather data from students enrolled or graduated from the program. Participation was voluntary and responses were anonymous. Upon my request and after university IRB approval to collect data, the district superintendent procured these ex post facto survey data for analysis in this study. The database included deidentified responses from 10 different students. All 10 students answered all 10 of the quantitative items but respondents only submitted seven responses to the three open-ended items.

Semistructured Interviews

The second set of data collected for this program evaluation was from semistructured interviews of seven administrators who work closely with CISCP and who

collaborate with the professionals within the program. I conducted the semistructured

interviews with the administrators from the central office, the high school, and the middle

school.

Participant Access and Interview Set Up

I prepared an email communication to the CISCP administrators at the district that

explained my evaluation study and the purpose of the interviews. In the email, I

explained that they were invited to interview due to their role as a key administrator

within the CISCP. Upon their acceptance of the invitation to interview, I scheduled times

to interview each administrator individually. Interviews lasted approximately 1 hour

each, and I scheduled them at a location and time convenient to the participant. I used the

recording feature of my laptop to capture the dialogue in the interviews. I reviewed the

recording of each interview and transcribed it manually for analysis.

Interview Guide and Data Tracking

During the semistructured interview, I used the interview guide, found in

Appendix C, to initiate the discussion. The guide provided some structure so that I asked

all individuals similar questions. However, the items on the guide provided latitude to

capture all the interviewees key remarks and insights. During the interview I took notes,

if needed, to record my thoughts or observations during the interview. I transcribed the

interview recordings and then used this narrative for my qualitative analysis.

Role of the Researcher

I am the primary administrator responsible for the supervision of the CISCP. I

supervise and evaluate the clinical social workers who counsel the students in the

program and who administrated the confidential student surveys. Additionally, I also supervise and evaluate the corresponding staff who share students with the clinical social worker such as school counselors, school psychologists, and nurses. Therefore, I excluded these professionals from the study to avoid potential or perceived coercion. The administrators who participated in this study were either my own supervisors or my lateral colleagues. Although I knew everyone from a professional perspective, I had no authority over or bias toward these individuals who participated in this study. The superintendent and the assistant superintendent who participated in the study provide my professional evaluations. I am on the same administrative level and am a colleague with the other participants in the study: the director of special services, the high school principal and assistant principal, and the middle school principal and assistant principal. I do not have prior experiences with any of the students in the program, staff who work with the program, or with any other administrators who work with the program.

Data Analysis

To address the research question, there was one quantitative analysis and two qualitative analyses within the developmental evaluation. I used the data from the analyses to determine perceived program effectiveness. The quantitative data analysis and the first qualitative data analysis were from the completed confidential student surveys. The second qualitative analysis was on data from the administrator interviews. In this section, I discuss the analysis of both the quantitative and qualitative survey data and then the interview data.

Student Survey Data

The LCSW administers the student satisfaction survey annually to students who participated in or exited the counseling program. Participation was anonymous and voluntary. The LCSW received 10 responses to the 13-item survey that included 10 scaled items and three open-ended qualitative items. I shared these data ex post facto, for analysis in this developmental evaluation.

In the completed surveys, the 10 participating students responded to 10 items which I scored on a 4-point Likert scale. Items requested student feedback on (a) respect: how they were treated by the counselors; (b) connection: the ease of communicating and timeliness (e.g., setting/keeping appointments); and (c) helpfulness: the successfulness of the counseling experience to improve the specific problem or other positive outcomes (e.g., school attendance and grades, lifestyle). I reviewed and scored each of the completed student surveys. As these data were continuous, I analyzed the raw scores and means descriptively in a cross-tabular matrix to find meaningful comparisons, patterns, or themes. Responses to these items provided insight into student perceptions of their respective counseling experience in the CISCP. Table 3 includes the student mean responses to the items on the CISCP survey.

Table 3

Student Responses & Mean Scores on the CISCP Confidential Student Survey

Item & statements	Responses by students										
	1	2	3	4	5	6	7	8	9	10	*M*
1. I was treated considerately and respectfully by my counselor	4	3	4	4	4	3	4	4	4	4	3.8
2. At the start of my counseling, I met with my counselor in a timely manner	4	3	4	4	3	3	4	4	3	4	3.6
3. My counselor is able to meet w/ me on a regular and consistent basis	4	4	4	4	4	2	3	4	2	4	3.5
4. When I meet with my counselor, I am getting the help that I need	4	4	4	4	3	3	4	4	4	4	3.8
5. My counselor maintains proper confidentiality in what we discuss in our sessions	3	4	4	4	4	3	4	4	4	4	3.8
6. My counselor communicates properly with my parents	4	3	4	4	3	3	2	4	2	4	3.3
7. What I have learned in counseling has led to positive changes in my life	4	4	4	4	4	3	3	4	4	4	3.8
8. My attendance has improved since being a part of the counseling program	3	4	4	4	3	2	4	4	3	4	3.5
9. My grades have improved since being a part of the counseling program	4	4	4	4	4	1	4	4	4	4	3.7
10. I live a healthier lifestyle in at least one area: i.e., more sleep, exercise more, eat better, use less alcohol/drugs, healthy relationships	4	3	4	4	4	2	4	4	2	4	3.5
Total *M*	3.8	3.6	4	4	3.6	2.5	3.6	4	3.2	4	3.6

Although descriptive analyses are not predictive or generalizable to other populations, a careful examination of descriptive factors may provide insight into patterns and associations that are valuable for better understanding a phenomenon or evaluating a specific experience. I calculated mean scores for each survey item and for each student and then analyzed the cross-sections of the data.

Item Analysis

Data from the student surveys revealed that student mean scores on all 10 items were 3.5 or higher, indicating that students more than agreed with the statement after treatment in the CISCP. There were five items with only responses of *agree* or *strongly agree* (Items 1, 2, 4, 5, & 7); and two other items with two responses of disagreement (Items 9 & 10). These later items were about improvement in academic grades and a healthier lifestyle, indicating these students desired more growth or improvement in these personal areas.

Items 1 and 4, relative to counselor respectfulness and confidentiality respectively, each had a mean of 3.8. Item 3 had a mean of 3.5 with two students indicating they were unable to meet with the counselor on a regular basis. It is unclear from the response if the issues were counselor availability or personal/transportation issues on the student-side. All students indicated, per Item 7, that the counseling sessions were evoking positive change in their lives, even though two indicated that their academic grades or healthy lifestyle choices were not improving. It is notable that all but one student indicated a clear improvement in academic grades. The aggregated mean score of all items was 3.63 indicating clear overall agreement with all 10 items. Although

each item on the survey had a calculated mean of 3.3 or higher, analyzing these same

scores by student provided additional insight that may be helpful to program evaluators.

Student Analysis

When analyzing the survey scores by student, 9 of the 10 students reported

agreement or strong agreement with all the items on the survey. Three students strongly

agreed with each item on the survey, resulting in a student mean of 4. Only Student 6

reported a mean below 3. This one student ($M = 2.5$) scored four items with a 1 or 2. It

was this student's perspective that the counselor was not available to meet regularly and

that school attendance, academic grades, and positive behavioral outcomes were

unimproved from the experiences in the CISCP. Student 9 was the only other student to

report irregular meetings with the counselor. Although Student 9 indicated an

improvement in academic grades, there was also indication for improved parent

communication and a need for a healthier lifestyle. Analyzing these same scores by

category provided additional insight that may be helpful to program evaluators.

Analysis of Items by Category and Student

When items were aggregated by the categories of respect (Items 1 & 5),

connection (Items 2, 3, & 6), and helpfulness (Items 4, 7-10), the means—which are not

generalizable to other populations but that do offer some perspective on the local

situation—indicated a satisfaction of 3.8, 3.5, and 3.7, respectively. These means are

congruent with the overall aggregated satisfaction survey mean of 3.6.

A close examination of category-means by student revealed that student

satisfaction means ranged between 3 and 4 for Respect, between 2.3 and 4 for

Connection, and 2.2 and 4 for Helpfulness. The only scores below 3, indicating

agreement with the statement, were reported by Students 6 and 9. The student responses

aggregated by category with calculated category mean for respect, connection, and

helpfulness are available in Table 4.

Table 4

Student Responses & Mean Scores on the CISCP Student Satisfaction Survey Coded &
Aggregated by Category

Item statements by category	Student responses										
	1	2	3	4	5	6	7	8	9	10	*M*
Respect											
R1. I was treated considerately and respectfully by my counselor	4	3	4	4	4	3	4	4	4	4	3.8
R5. My counselor maintains proper confidentiality in what we discuss in our sessions	3	4	4	4	4	3	4	4	4	4	3.8
R Total *M*	3.5	3.5	4	4	4	3	4	4	4	4	**3.8**
Connection											
C2. At the start of my counseling, I met with my counselor in a timely manner	4	3	4	4	3	3	4	4	3	4	3.6
C3. My counselor is able to meet w/ me on a regular and consistent basis	4	4	4	4	4	2	3	4	2	4	3.5
C6. My counselor communicates properly with my parents	4	3	4	4	3	3	2	4	2	4	3.3
C Total *M*	4	3.3	4	4	3.3	2.7	3	4	2.3	4	**3.5**
Helpfulness											
H4. When I meet with my counselor, I am getting the help that I need	4	4	4	4	3	3	4	4	4	4	3.8
H7. What I have learned in counseling has led to positive changes in my life	4	4	4	4	4	3	3	4	4	4	3.8
H8. My attendance has improved since being a part of the counseling program	3	4	4	4	3	2	4	4	3	4	3.5
H9. My grades have improved since being a part of the counseling program	4	4	4	4	4	1	4	4	4	4	3.7
H10. I live a healthier lifestyle in at least one area: i.e. more sleep, exercise more, eat better, use less alcohol/drugs, healthy relationships	4	3	4	4	4	2	4	4	2	4	3.5
H Total *M*	2.8	3.8	4	4	3.6	2.2	3.8	4	3.4	4	**3.7**
Total *M*	3.8	3.6	4	4	3.6	2.5	3.6	4	3.2	4	**3.6**

Although the sample for these data was only 10 students, these formative data indicate that 90% of the responding students are satisfied with services and only 2 of the 10 indicated dissatisfaction in a particular area. These data indicate a positive trend toward providing adequate services. A descriptive analysis of survey data in this matrix provided a cross-sectional description of these students' perceptions that may be helpful in administrative decision-making.

Qualitative Survey Items

In addition to the 10 Likert-scale items on the survey, I gave the respondents opportunity to respond to three open-ended questions; the plan was to analyze these qualitative responses for themes to emerge. The retrieved database with the student satisfaction survey data included only minimal responses to the open-ended items. The response rate and depth of response was an obstacle for examining themes in these data.

Although four students responded to Item 1, only one comment was contributory. Only one student responded to Item 2 indicating there was no additional information to add. Additionally, two students replied to Item 3: one indicated current enrollment in the program and the other made one comment. These student responses are provided in Table 5.

Table 5

Student Responses to Qualitative Items 1-3 on CISCP Student Satisfaction Survey

Qualitative items	Responses
1. Do you have suggestions to improve the program?	- More activities - Nope, all is good. - I don't have any suggestions.
2. Would you like to elaborate on any of the questions above?	I think the questions cover what I went to counseling for.
3. (Only for students who have exited the program). What was the improvement that you had personally that led you to exit the program?	- Meet my counselor. - I haven't exited yet

Due to the lack of student response, no themes emerged from the open-ended survey questions. The Item 1 response of "more activities" provided little insight into the student's perceptions. I found it difficult to determine what the student was referring to without additional explanation. The Item 3 response about personal improvement that led to program exit perhaps indicated that the student valued the LCSW counselor. With such few words provided, however, there are no conclusions to draw from these data. These qualitative data, therefore, generated no substantial contribution to the developmental program evaluation. The responses may, however, indicate a need to review the satisfaction survey process or item wording to generate more in-depth response.

Semistructured Interviews of CISCP Administrators

For the primary qualitative data analysis, I interviewed the administrators in the school district who are knowledgeable about and refer students to the CISCP. The seven administrators were the superintendent, assistant superintendent, the director of special

services, the high school principal, the high school academic supervisor, the middle school principal, and the middle school assistant principal. In this section I provide information on the data analysis of these data.

Coding and Analysis

I prepared the questions from the semistructured interviews in an interview guide (see Appendix C). I asked 11 questions about the perceived effectiveness of the program. I recorded all the interviews and then later reviewed and transcribed them. I reviewed the transcripts several times for themes to emerge. Patton (2010) stated that it is best to read the data repeatedly as iterative interaction with the data lead to a clearer vision of emerging patterns and themes. From my item analysis, I found the following eight themes:

- More at-risk students are getting counseling help now in the CISCP than prior to its implementation in 2019.

- When students are referred to the CISCP, they get a timely appointment.

- School attendance has improved for students in the program.

- The CISCP has been meeting its goal of helping students through their crises.

- The privacy of the students in the CISCP is being maintained.

- The CISCP properly communicates with the parents/guardians of the students in the program.

- Collaboration is taking place with the goal of helping students. It is taking place between the LCSWs in the program and the professionals outside of it, such as building administration, school counselors, psychologists, and nurses.

- A way to help more students is to expand the program by hiring more LCSWs and expanding the program.

During the interview, I followed the interview guide, asking the 11 items on the instrument. As the conversation progressed, I often asked for more information in a follow up question. Through my analysis of this discourse, these eight themes emerged as aggregated commonalities. An item analysis of the administrator responses provided evidence of these themes.

Item Analysis

The first question was, "How does the number of students referred to the CISCP presently compare to the number of students referred to outside counseling prior to the CISCP's implementation in 2019–2020?" All seven administrators responded to this question. In coding the responses to the question, some themes emerged. They include the fact that more at-risk students are getting counseling help now in the CISCP than prior to its implementation in 2019. Students did not always go to outside counseling prior to the implementation of the program due to its inconvenience being after school and the parents of the work, because the family did not have health insurance, and because of the cost of counseling. Also, more students go to counseling now in the CISCP due to the convenience of it being in school. Additionally, with the CISCP, there is no longer the burden of the school counselors having to check with outside agencies to ensure the at-risk students are going to outside counseling. The school counselors are aware that the students are receiving counseling because they know the students are in the program.

The second question posed to the administrators in the semistructured interviews was, "Are the at-risk students being referred to the CISP getting the help that they need that they might not have received previously at outside counseling?" All seven administrators responded to this question. The common theme that emerged here was due to the convenience of the CISCP being in school, the at-risk students are getting the help they need now, more than prior to its implementation.

The third question was, "Students getting a timely and convenient appointment with an outside counselor was an issue prior to the CISCP's implementation. Are students now being helped in a timely manner?" All seven administrators responded to this question. Themes that emerged after transcribing and coding responses were that prior to the CISCP, students were referred outside the school for counseling. The parents had to arrange the appointment which was difficult and took time. As a result, often the student would not receive counseling. Now, when a student is referred to the CISCP, they get a timely appointment. There is flexibility in the students' schedules so they are available for counseling. Also, when warranted, family counseling is more easily arranged with the student and the family. The LCSWs help students with their problems and collaboration is occurring among the professionals in the school.

The fourth question posed to the administrators was "Has the school attendance of the students in the CISCP improved?" All seven administrators responded to this question. Themes that emerged among the responses were that data showed that student attendance improved for the students in the CISCP. Data would perhaps show even more attendance improvement, if the pandemic had not interrupted normal processes.

Informally, administrators noticed that the students they know are in the CISCP are doing better.

The fifth question was, "Have the grades of the students in the CISCP improved? Since grades are not tracked within the program, the administrators, overall, did not know the response to this question. As a result, 6 of the 7 administrators did not respond to the question. One administrator responded that grades of the students did improve. All the administrators, however, mentioned that students who have improved wellness in their lives are more likely to get good grades in school.

The sixth question was, "Are the students in the CISCP receiving the help that they need to get them through their crises?" This was regarding the administrators' perceived effectiveness of the program. All seven administrators responded to this question. Themes that emerged from their responses were the CISCP has been meeting its goal of helping its students through their crises. Deeper crises of students who are harmful to self or other still can result in referrals to outside counseling. Students in the program, however, are getting help inside the school. In addition, all mental health professionals within the school, including school counselors, psychologists, nurses, and the LCSWs are collaborating well together. Also, the LCSWs are serving as mental health consultants to those other professionals in the school which has raised the overall level of wellness care for all students in the school.

The seventh question I asked the administrators was "In regard to confidentiality, is the privacy of the students in the program being maintained?" All seven administrators responded to this question. Themes that emerged from the responses were that the

licensed social workers take confidentiality seriously. It is a major piece of their

licensure. They must break confidentiality when student is a threat to self or others.

Students are aware of the high level of confidentiality and as a result are happy and

comfortable sharing to the LCSW.

The eighth question was, "Does the CISCP properly communicate with the

parents of the students in the program?" Six administrators responded to this question and

one administrator did not due to being unaware of the answer. Themes that emerged from

the six administrators' responses were the parents must sign forms for the students to

begin counseling within the CISCP. They also must agree to family sessions if they are

deemed as necessary by the LCSW. The counselors communicate with the parents of the

students, yet they do not discuss the content of counseling session to maintain

confidentiality.

The ninth question was, "Do the professionals in the school who are just outside

the program such as the school counselors, CST members, school nurses understand its

purpose in helping students through their crises and are referring to the program

properly?" All seven administrators responded to this question. Themes from the

administrators' responses were at the implementation of the CISCP, there was a gray area

over which students should be referred to the program and how. Now, though, all the

professionals connected to the program understand their roles. Also, articulation is taking

place so the professionals are working together for the benefit of students.

The tenth question was "Do the building administrators who assist in the

supervision of the CISCP understand its purpose of helping students through their

crises?" All seven administrators responded to this question. Themes that emerged from the administrators' responses were the principals, assistant principal, and academic supervisor collaborate with the LCSWs but they do not supervise the program. Upper administration supervises it. There is a limit on the number of students in the program so it does not become overburdened. Collaboration is taking place among all administrators with the goal of helping students. When procedures are not followed by the building administrators, students may fall through the cracks and not receive the help that they need.

The final question was "What improvements are needed to the CISCP to help it meet its goal of helping the school's at-risk students through their crises?" All the administrators responded and almost all participants mentioned to hire more LCSWs so more students can get help. Flexibility is there in the program and adjustments are made to the needs of our students. Also, considerations should be made to expanding counseling services offered in the evening. There is a negative stigma attached to counseling and perhaps not all students want to receive counseling during the school day when their peers are in school. Students might be more comfortable attending counseling at night. Finally, it will be beneficial if the ethnicity of the LCSWs in the program matches that of our students' ethnicity so that they understand the challenges of our students.

Limitations

A limitation of the study is that the school district implemented the CISCP without first developing clear program goals. As a result, I could not compare evaluation

findings to program goals or outcomes. Also, the data collection for this study took place during the COVID-19 pandemic. As a result of the pandemic, the school switched to remote learning or a combination of in-person/remote learning from March 2020 to the end of the 2019–2020 and the majority of the 2020–2021 school years. Students in the CISCP were not counseled in-person by the clinical social workers. Instead, counselors used Google Meet to conduct telehealth sessions. *Telehealth* is a new process for school counselors; and, at the time of this study, there were no data to indicate a comparison of the successfulness of telehealth to in-person counseling sessions. Ergo, students who completed the satisfaction survey may or may not have experienced telehealth rather than in-person counseling sessions. This counseling method may have influenced the student survey results.

Since I supervise the LCSWs, school counselors, school psychologists and school nurses, I excluded them from the study to avoid ethical concerns. As a result, the valuable knowledge about the CISCP, especially from the LCSWs, was not included in this developmental evaluation.

In addition, the student response rate to the three open-ended items on the satisfaction survey was low. By answering these questions, the students could have offered valuable information to improve the program. However, these data were not available for review in this evaluation and may be a limitation of the findings.

Data Analysis Results

I generated, gathered, and recorded the data for this developmental evaluation of the CISCP from a student satisfaction survey and semistructured interviews. I provided a

quantitative analysis of the 10 Likert-scale items on the ex post facto confidential student

surveys. I additionally analyzed the 3 open-ended responses on the student survey. The

data from the semistructured interviews with CISCP administrators generated the most

qualitative data. These administrators are knowledgeable about the program and provided

responses on their perceived effectiveness of the CISCP.

The problem was that, although the CISCP was implemented, the district was

unaware if the program was helping the students through their crises. The research

question addressed the CISCP's successfulness in supporting at-risk students through

their crises. From the analyses of the three sets of data, several themes about the

perceived effectiveness of the program emerged:

- First, the at-risk students in the CISCP are getting the help that they need.

- Second, after referral into the program, the students are getting a timely first
  appointment to start counseling. This is important because prior to the
  implementation of the CISCP, students getting a timely appointment with an
  outside counselor was a major issue. By having to wait to receive outside
  counseling, there was a delay in the students receiving the help that they
  needed.

- Next, the LCSWs are maintaining confidentiality within the program. This is
  important so that students can be comfortable that what they share about
  themselves with the LCSWs will remain private.

- Finally, the attendance of the students in the CISCP has improved while they
  were in the program.

In a developmental evaluation, the evaluator is part of a team whose members collaborate in a long-term, ongoing process of continuous improvement, adaptation, and intentional change. It attempts to adapt effective principles to a local context. The developmental evaluation was used to determine the perceived program effectiveness of the CISCP in helping its at-risk students in Grades 7–12 through their crises. According to themes that emerged from the study, the CISCP is indeed effective.

Suggestions for Program Improvement

Developmental evaluation is also focused on the continued improvement of a program. A theme that emerged from the semistructured interviews is that the program is working currently and what would be best for the school overall is to expand the program. By making the CISCP larger, it will enable more at-risk students to be reached and helped through their crises. To accomplish this, the administrators suggested hiring an additional LCSW. If they are the same ethnicity of most students in the school would be a bonus as they would be even more likely to have empathy for what the students are going through. According to the administrators interviewed, expanded the program would enable the school to assist even more students. A second suggestion for improvement has to do with how the LCSWs communicate with the parents and guardians of the students in the program. In the confidential student surveys, the statement that garnered the lowest student response was "My counselor communicates properly with my parents." The mean student response for this statement was 3.3. In comparison, the aggregate mean of all responses was 3.63. What this suggests is that students were not entirely pleased when contact was made with their parents and guardians. A suggestion for improvement in this

area is in the first counseling session, the LCSW should go over what the parameters are that would lead them to call home. A third and final suggestion came up in an interview with one administrator who mentioned the negative stigma of counseling and that not all students are comfortable attending counseling during the school day. Thus, the suggestion is that considerations should be made to expanding counseling services offered in the evening. Perhaps evening counseling services will remove this obstacle that exists for some students. Table 8 includes a summary of suggestions for improving the CISCP.

Project Deliverable

Since the project's conceptual framework was a developmental evaluation, the project deliverable was an evaluation report. The report included an executive summary of the project along with a description of the CISCP. It also included a description of the evaluation design and provides a thorough presentation of the study's findings. The evaluation report concludes with list of recommendations for the CISCP based on the findings. From the evaluation report, a power point presentation was developed to present at a board of education meeting at the local school district. The purpose of presentation was to inform them of the study and its findings. In addition, the presentation will provide recommendations for the CISCP, many of which require the cooperation of the local board of education.

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Summary

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The themes that emerged from both the confidential student surveys and the semistructured interviews with the administrators informed the development of the

project deliverable. The themes that developed from the study's findings lead to an evaluation report on the project study. After the completion of the evaluation report, a presentation to the local board of education based on the project study.

In the next section, I describe the project. It consists of the evaluation report, the rationale for the developmental evaluation framework, and another review of the literature. Finally, I also include a description of the project and implications for social change.

Section 3: The Project

The project associated with this study was the evaluation report generated from the developmental evaluation of the CISCP in a school district. In the developmental evaluation process, the evaluator is part of a team whose members collaborate in a process of continuous improvement and focus on the ongoing development of a program within a local context (Patton, 2010). The problem identified was that, although the CISCP was implemented, the district leadership was unaware if the program was helping the students through their crises. I analyzed data from semistructured administrator interviews and confidential student surveys to determine perceived program effectiveness. The resulting evaluation may help determine whether the program is indeed helping its at-risk students through their crises; additionally, it mays provide data on what improvements, if any, are needed to make the CISCP successful for all of its students. The project's goals and rationale are provided to substantiate the use of a developmental evaluation with the identified problem and a review of the literature that focused on developmental evaluations was conducted.

Rationale

I conducted a developmental evaluation because the CISCP had not been formally evaluated to determine whether the implementation had met the intended objective. In addition, school-based health centers (SBCHs) that provide mental health care to students are a growing health care delivery model that addresses barriers to care for students and their families such as the stigma of receiving counseling, lack of health insurance, cost, and inconvenience (Hodges et al., 2021). SBHCs have increased significantly, from 120

in 1988 to 2,500 in 2017 (Hodges et al., 2021). In response to the COVID-19 pandemic, states and local entities have implemented widespread containment measures, quarantines, and physical distancing, which have resulted in school closures that have significantly decreased students' access to SBHCs where youth obtain preventive medical and mental health care (Terepka et al., 2021). The CISCP was employed to improve the odds that students who are at-risk will receive the help that they need to get them through their crises.

Through the analysis of the data, it became clear that the implementation of the CISCP had met its intended objective of helping its at-risk students through their crises. The at-risk students in the CISCP are receiving the counseling help that they need. The LCSWs are treating the students with respect, meeting with them consistently, and helping them get through their problems. In addition, after being referred to the CISCP, the students are starting counseling with their LCSW in a timely manner. This differs from a referral to outside counseling, where it can take much longer to arrange an appointment to begin counseling. Also, the students in the program trust that what they share with the LCSWs will remain confidential. The resulting increase in trust often results in students sharing more and are more likely to get to the root of their problem. Finally, the school attendance of the students in the CISCP has improved. All these factors show the effectiveness of the program. According to Stempel et al. (2019), students who access mental health services at SBHCs return for follow-up visits at higher rates than students seeking mental health support from outside counseling. Mental health centers in schools, therefore, represent a valuable option for at-risk students to receive the

help that they need (Stempel et al., 2019). As discussed in the review of the literature, the mental health problems of adolescents are recognized as a major and increasing concern in schools as well as society at large. Societal tendencies show that an increasing number of young people are suffering from different forms of anxiety and depression and have to seek professional support to handle these issues. Conducting developmental evaluations allows for team discussions with evaluative data and logic and the production of data-based decision-making in the developmental process (Patton, 2010). I used the developmental evaluation to determine the perceived program effectiveness of the CISCP in helping its at-risk students through their crises.

The study's problem was that, although the CISCP was implemented, the district was unaware if the program was helping the students through their crises. I prepared an evaluation report with an executive summary of the project, a description of the program, and an explanation of the project's evaluation design—a developmental evaluation. In addition, the study's findings are shared through a description of the quantitative and qualitative analyses and the implications of the study. Finally, I also describe the themes from the project and recommendations.

Review of the Literature

This project study focused on examining the perceived effectiveness of a CISCP in a school district using a developmental evaluation. The first literature review in Section 1 provides an evaluation of previous research on developmental evaluations. It also included a review of topics such as counseling services in schools, at-risk students, and response to students in crisis. This second literature review addresses the themes that

emerged from the analysis of the data, such as providing adequate support to help students with crises, issues with setting timely appointments after referrals, maintaining confidentiality, and improving student outcomes such as school attendance or grades. The main search terms consisted of *mental health services, K-12 education, counseling at-risk students, school attendance, timeliness of counseling, confidentiality, school performance,* and *collaboration of mental health professionals.* I completed searches in Walden library databases such as CINAHL Plus, Medline, Education Source, Complimentary Index, ERIC, ScienceDirect, ProQuest, Academic Search Complete, and APA PsychInfo. I discovered additional research by reviewing the reference lists of the studies. As I identified relevant topics, I would find additional sources and include them in the study if they were relevant.

Effects of Counseling At-Risk Students in the Schools

Data from both the confidential student surveys and the semistructured interviews show that the CISCP meets its objective of helping the at-risk students in the program through their crises. It is perceived that the LCSWs are effective in counseling the students. This is important because the consequences of being unable to help the students through their crises are severe. According to Hodges et al. (2021), it is estimated that 13%–20% of children experienced a mental health condition each year and that nearly 50% of adolescents aged 13–18 years had a mental health condition. Also, 28% of adolescents meet the criteria for severe impairment. Despite these estimates of prevalence, less than half of youth with psychiatric disorders receive treatment (Hodges et al., 2021). Left untreated, mental health conditions lead to many negative

consequences in students such as increased difficulties with educational and academic performance, peer and family relationships, and social functions. In addition, anxiety in adolescence increases the risk of psychiatric disorders in the adult period and increases the risk for developing anxiety disorders, major depression, suicide attempts, and hospitalization related to psychiatric illness. Also, depression among adolescents is associated with an increased likelihood of adverse outcomes including substance use and drug addiction, poor educational and academic performance, employment difficulties, teenage childbearing, and suicidal ideation (Malak & Khalifeh, 2018).

The effective work the LCSWs are doing in the CISCP has many benefits for the students, their families, and the local context. Bjørnsen et al. (2018) stated that adolescence is a vital transitional period in life that is associated with challenges as well as opportunities for growth, development, and health promotion. It also is a critical phase for building a foundation for a future healthy population. Therefore, the promotion of good mental health and the prevention of mental illness are considered sound strategies (Bjørnsen et al., 2018). Biolcati et al. (2018) found that there are real benefits for adolescents beyond referral to professional services into the community itself. A school-based counseling service is an ideal setting in which to help adolescents at risk to overcome barriers to help-seeking behavior if it is integrated within a continuative and trustworthy prevention program that uses evaluation to improve itself in the concrete context in which it operates. In addition, a strong school-based program emphasizes good alliance between the LCSWs with teachers and school administration, which is a key prerequisite for the proper functioning of the program itself. Moreover, the LCSWs can

effectively address conflict situations between students and specific teachers by fostering communication between the counterparts (Biolcati et al., 2018). In a school-based program such as the CISCP, it is possible for the LCSWs to speak to teachers or school administrators in person in a timely manner in advocating for students.

Convenience of School-Based Counseling

A theme that emerged during the data analysis is that the CISCP allows for a timely start to counseling for students following the referral due to its convenience. This contrasts with a referral to counseling outside of school, which can take much more time and be more difficult to secure. School-based counseling can be an effective resource for students with emotional or behavioral difficulties (De Vito, 2017). School-based counseling may offer a way to bypass student or parent/guardian resistance by offering counseling in a convenient location. It also can reduce the stigma of seeking outside counseling services, since students are given a pass within the school day to go to counseling (De Vito, 2017). It is also convenient for parents or guardians because they do not have to go through the hassle and expense of outside counseling (De Vito, 2017). According to Swick and Powers (2018), school-based counseling can offer the opportunity to bypass barriers to outside counseling such as the ability to secure an appointment that is convenient for the family to make and having the transportation to get to the appointment. However, families may find insurance coverage, the out-of-pocket costs for co-pays, or the co-insurance unaffordable. Insurance plans may also only cover certain mental-health treatments for a limited period. Some parents reported that the cost of mental-health support services was a barrier to providing these services to their child,

even though they were recommended. (Swick & Powers, 2018). The CISCP allows parents to get counseling help for their children without expense.

Providing access to mental health care in school settings represents an effective means for engaging and retaining at-risk youth in service programs (Mancini, 2020). This is due to the time youth spend in school and that services provided in school reduce the need for additional burdens on families related to cost, transportation and scheduling making school-based services highly accessible and convenient. Providing mental health services in school settings can not only improve academic performance but can also enhance broader health and wellbeing. Moreover, schools represent a stable, convenient, accessible, and safe environment to provide primary, secondary, and tertiary interventions for low income and underserved youth who have experienced stress and trauma. Providing mental health services in schools represents an effective way to improve school performance and provide early assessment and intervention for emotional and behavioral problems that could have life-long consequences (Mancini, 2020). According to Terepka et al. (2021), school-based counseling programs have reduced mental health stigma, decreased mental health related emergency hospital visits, and promoted the wellbeing of students. School-based programs are comprised of interdisciplinary professionals providing integrated care within the school environment. Seventy-five percent of school-based programs are open during school hours throughout the academic year, providing access to care throughout the school day (Terepka et al., 2021). Unfortunately, COVID-19-related school closures may affect youth wellness via access to mental health services provided by school-based counseling programs (Terepka

et al., 2021). Schultz et al. (2020) found that without school-based services, many

children with mental illnesses, particularly poor and minority youth, will not receive any

help at all. The resulting implications of untreated mental illnesses include unwanted and

costly outcomes such as poor academic performance, increased risk for school failure, or

dropping out of school.

Confidentiality in Counseling Programs

The third theme that emerged from both the student surveys and the administrator

interviews was that confidentiality was maintained in the CISCP. Ijadi-Maghsoodi et al.

(2018) mentioned that students being concerned about their counselor maintaining

confidentiality is a barrier to youth utilizing school-based mental health services.

Furthermore, students were also concerned that peers would learn of their problems or

that the police would become involved (Ijadi-Maghsoodi et al., 2018). Many students

were concerned that their parents would be alerted. In the student surveys that were

accessed, the question that had the lowest mean score read, "My counselor communicates

properly with my parents." This statement revealed that the students in the CISCP had

concerns about their parents being aware of what was shared in the counseling sessions.

Students wanted to ask for help but they did not want to risk their parents knowing (Ijadi-

Maghsoodi et al., 2018). Students believed that their peers did not access school mental

health services because they did not understand what information was confidential and

what the parameters of confidentiality are overall (Ijadi-Maghsoodi et al., 2018).

Providing education to students about confidentiality and the reporting requirements of

counselors should be a regular component of any school-based counseling program

(Ijadi-Maghsoodi et al., 2018).

Effect of Counseling on School Performance and Attendance

According to both the student surveys and the administrator interviews, school

attendance improved for the students in the CISCP. Attending school regularly was an

issue for many of the students in the program and participation in the CISCP helped their

attendance to improve. School-based programs have the advantage of being able to

explicitly target behaviors and symptoms that affect school functioning, thereby

improving academic outcomes (Kang-Yi et al., 2018). It is important to demonstrate

whether school-based mental health programs improve academic outcomes because they

are the ones in which administrators and other school personnel such as counselors are

most invested. If mental health services address those goals, it can increase the perceived

value and fit of mental health programs. In a study where mental health services were

brought to a school district in North Carolina, Swick and Powers (2018) found that the

school-based support program for students may support the academic achievement of

students who have mental health needs. Wegmann et al. (2017) came to a similar

conclusion where they found that school-based mental health services improve student

performance in their study focused on the overall literacy and related skills of students.

Absenteeism is an important example of academic outcomes that mental health

programs can address. Nationally, 10%–15% of students are chronically absent from

school (Kang-Yi et al., 2018). In their study of how school-based programs affect

academic outcomes, Kang-Yi et al. (2018) found that school-based programs were not

associated with improved school attendance. Mental health services delivered outside of school, however, were associated with reduced school absences. A reason for this is counseling outside of school can include family therapy and may involve case management and social work which may help children lower their school absences by addressing some of these out-of-school factors. The CISCP offers family therapy when necessary and involves case management by the LCSWs. In the study, the lack of association with improved attendance by students using in-school counseling services is that these students were negatively affected by suspension from school. The results of the study indicated that in-school counseling programs may be effective at improving important academic outcomes such as student behavior yet may be less effective at affecting student attendance (Kang-Yi et al., 2018). Epstein et al. (2020) found evidence that school absenteeism is associated with both suicidal ideation and self-harm in young people. For both outcomes, they detected a 20% increase in odds of suicidal ideation and a 37% increase in odds of self-harm for those with school absenteeism.

Resources Needed

The first suggestion to improve the program is to hire additional LCSWs to expand the program to help more students. Therefore, funding is needed for the school district to do so. The developmental evaluation found that the CISCP is helping its students through their crises. By hiring more LCSWs and expanding, the school district can help even more of its students who are in crisis. Funding will also be needed for another suggestion, to offer the CISCP services in the evening. This will take additional funding as the decision will need to be made to either pay the existing LCSWs an added

wage to counsel students at night or to bring in outside counselors to do so. The other

suggestion for improving the CISCP is at the start of counseling the LCSWs should go

over what the parameters are that will lead them to call home with the students. This can

be completed without any additional resources.

Collaboration Among Professionals in the Schools

Searle et al. (2017) noted that a developmental evaluation is a collaborative

endeavor among professionals at the site. The participants of the administrator interviews

revealed that collaboration is taking place among professionals connected to the CISCP.

Addressing the complex mental health needs of students in schools demands a

collaborative approach among school and clinical mental health counselors. Integrated

mental health services can serve students in a variety of ways that are paramount to

successfully assisting them to overcome educational barriers (Lenares-Solomon et al.,

2019). When professionals are engaged with one another, and workload conditions are

improved, the organizational structure becomes a buffer for burnout. In a study of

parents' perceptions of access to mental health services in schools, Gamble (2021) found

that school psychologists and other mental health providers for youth should endeavor to

have greater collaboration with teachers, administrators, and other trusted community

members as they provide more comprehensive services to parents and students.

Villarreal and Castro-Villarreal (2016) suggested that collaboration is a best

practice in promoting the comprehensive delivery of mental health services. This is

particularly evident in the evaluation of wraparound service models in which

collaboration is considered a critical treatment component and has been shown to relate

to improved academic and mental health functioning. A collaborative approach is team-based, utilizes natural family supports, and involves cooperation and sharing of responsibility among team members (Villarreal & Castro-Villarreal). Also, families benefit more from a collaborative approach. Many families with a child receiving mental health services are concurrently involved with multiple agencies in schools, social services, juvenile courts, and the mental health specialty sector. It is critical that professionals from multiple organizations utilize effective communication and collaboration to help students in the treatment processes (Villarreal & Castro-Villarreal).

Furthermore, parents should be a part of the collaborative process. School professionals can involve parents and families as formal and active participants by inviting them to collaborative team meetings (Villarreal & Castro-Villarreal, 2016). When expanding from working with parents on an individual to a larger-scale basis, ways to involve parents in meaningful and relevant ways are to conduct open forums, parent–teacher conferences, and parent night activities where parents can learn about the scope and range of mental health services and at the same time voice their concerns, offer suggestions, and raise questions. Additionally, when working with parents, it is especially important to assess their understanding of mental health services and of their roles. Creating a contract or agreement that outlines expectations and responsibilities may help formalize this understanding and relationship (Villarreal & Castro-Villarreal).

Improving the Program Through Expansion

A suggestion that emerged to improve the program is to hire more licensed social workers to expand it. The large barrier to achieving consistent therapeutic services in

schools, however, is funding. Most districts, if given unlimited funding, would provide

ample mental health services to students (De Vito, 2017). It should be noted that it could

be more cost-effective to offer additional mental health counseling as a preventative

measure. It could lower the rate of costlier outcomes, like out of-district placements and

child study team evaluations. Doll et al. (2017) suggested that with the implementation of

provisions of the Patient Protection and Affordable Care Act (2010) that funds SBHCs,

school-based mental health services could become more broadly available in

communities throughout the United States. Some mental health professionals assumed

that any new funds from the Affordable Care Act would expand the number and roles of

school-employed mental health providers.

Brueck (2016) mentioned the Mental Health in Schools Act (MHSA) of 2015 to

provide funding for school-based counseling programs. Acting on a public health need,

the MHSA promotes access to care through an efficient model: a school-based system for

the provision of mental health services (Brueck, 2016). The purpose of the MHSA is to

provide three services. First, to revise, increase funding for, and expand the scope of

existing programming to provide greater access to more comprehensive school-based

mental health services and supports. Next, to provide for comprehensive staff

development for school and community service personnel working in the school. Finally,

to provide comprehensive training for parents, siblings, and other family members of

children with mental health disorders (Brueck, 2016). The MHSA requires a community

partnership to be facilitated between an education system and one community

collaborator before a program is eligible to receive funding. These partnerships can be

formed with mental health service systems, social welfare services, or health care

services, as well as individual physicians. While the multidisciplinary approach supported

by the MHSA would provide quality care if successfully implemented and granted

adequate funding, the promise of resources has yet to be made (Brueck, 2016).

In a comparison between SBHCs staffed with and without mental health

providers, Larson et al. (2017) found the funding source and sponsoring organization

were different for SBHCs for both. They found a significantly greater proportion of

SBHCs with a mental health provider had state government and/or managed care

organizations as sources of funding. They also served students with Medicaid insurance

at a significantly higher rate: 86%, compared with 76% of SBHCs without a mental

health provider. A significantly greater proportion of SBHCs without mental health

providers served students without insurance Furthermore, two-thirds of SBHCs with

mental health providers were found at schools at which there was also a school-employed

mental health provider on school grounds or co-located within the SBHC, compared with

about half of schools without an SBHC mental health provider (Larson et al.).

SBHCs with mental health providers were also more likely to have established

electronic billing and health record systems. Such electronic health records are

noteworthy because they can help support better coordination among different types of

onsite services and external agencies and can sustain some of their services through

billing, thus further leveraging resources. In turn, those SBHCs that were able to bill

federal and state funding streams or managed care were able to have more mental health

providers on staff (Larson et al., 2017). SBHCs that had mental health providers were

also more likely to offer a greater number of services and have sufficient resources to hire

different health care providers, such as dentists or health educators, and administrative

support. This comprehensive variety of providers reflects the ability of these SBHCs to

respond to the multiple concurrent needs of the adolescent students, reflecting the

capacity of the sponsoring organization to be able to pursue a variety of funding streams

to support such expertise. For example, the ability to have sufficient administrative

support is a valuable resource for submitting the necessary billing forms, considering

different funders, ranging from managed care organizations to Medicaid to state sources

of funding (Larson et al.).

Project Description

This project was a developmental evaluation of the CISCP in the middle and high

school in a public school district in the northeastern United States. The evaluation was

intended to address the problem that the CISCP was implemented but the district is

unaware if the program is meeting the intended goals of helping the students through

their crises. Strengths and suggestions for program improvement were identified by using

data collected from student surveys and interviews with district administrators to create

the Evaluation Report. The information gathered about the CISCP can be used by the

LCSWs who work in the program as well as the district administrators, both at the

building level and the central office level. Enhancing the program and making needed

revisions to the program structure will allow the CISCP to be more effective at meeting

its objective of helping its at-risk students in Grades 7–12 through their crises.

The plan for implementation will be an offer to the superintendent requesting permission to present the evaluation report at the district board of education meeting. Once receiving permission from the superintendent to present at the board of education meeting, I will generate a power point presentation based on the evaluation report outlining the findings of my project study. The board of education meetings occur on the second and fourth Mondays of every month. My role in this project will be as to present the findings of the program evaluation from the position of an expert on the findings and subject matter. The board of education members, the executive team of the school district, other district administrators, and community members will be audience members.

Potential Barrier

Obtaining funding for school-based mental health services is a potential barrier. Lack of funding and limited school mental health professionals are challenges in offering mental health services in schools (Searcey van Kulpen et al., 2018). The decision-makers regarding funding in the school district are the upper administration and the board of education. They will have to view the expansion of the program, the subsequent hiring of additional LCSWs, and offering counseling in the evening as true needs for funding to happen.

Proposal for Implementation and Timetable

The implementation of the developmental evaluation's recommendations would begin when I formally share the evaluation report with the LCSWs and the school district administrators. I will be available to discuss the developmental evaluation with them and answer questions. Next, I will offer to present the evaluation report to the board of

education at a public meeting soon after. I will make it clear that funding is needed to implement the suggestions for improvement that the developmental evaluation found. Grant-funding sources, both state and federal, will be investigated to supplement the funding provided by the district. The support of the district's board of education will be necessary to implement the suggestions for program improvement.

The increase in cost associated with the expansion of the CISCP, either through hiring additional LCSWs, adding evening hours, or both, would necessitate that the district's central office and the board of education take more time for planning before these recommendations could be implemented. Because of the administrative processes such as budgeting and board approvals, this planning process could take 1 year before the changes could take effect.

Roles and Responsibilities

My primary role with this developmental evaluation project was to conduct the evaluation of the CISCP and produce the evaluation report. My responsibility in implementing the recommendations for this developmental evaluation project would be to make the report available to the LCSWs who work within the program, the central office administrators who supervise the program, and the building administrators who work with it. I would also be responsible for answering questions about the findings and recommendations. The LCSWs would take the primary role in implementing the suggestions listed in the evaluation report that correlate with the function of the CISCP if they indeed decide to make the program changes. If the district's upper-level administration and board of education decide to implement the suggestions for program

improvement, they would be responsible for the planning, finding, and securing funding, and obtaining all necessary approvals.

Project Evaluation Plan

With a design intended to inform the LCSWs who work in the program and the administrators who work closely with it, the goal of this project was to determine the perceived program effectiveness of the CISCP in helping its at-risk students in Grades 7– 12 through their crises. I completed the evaluation report and submitted it to the superintendent of the school district. In addition, I requested to present the findings of the report in a PowerPoint to the district board of education.

The project genre was a developmental evaluation. The evaluation process measured whether I clearly communicated project study findings in the evaluation report and included all relevant information. I will determine if the power point presentation aligned with the evaluation report and the project study.

Justification for Using Developmental Evaluation

The design chosen for the project study was developmental evaluation, where the evaluator is part of a team whose members collaborate to conceptualize, design, and test new approaches in a long-term, ongoing process of continuous improvement, adaptation, and intentional change. The evaluator's primary function in the team is to facilitate team discussions with evaluative data and logic, and to produce data-based decision-making in the developmental process (Patton, 2010). The developmental evaluation was used to determine the perceived program effectiveness of the CISCP in helping its at-risk students through their crises. The justification for using a developmental evaluation

design is because the professionals who work within and around the CISCP collaborate

with one another and work together as a team to do what is best for students so it was

appropriate to find a design that matched the program. In addition, the school district

wants the CISCP to improve and continuous improvement and intentional change are key

features of developmental evaluation. Finally, conducting developmental evaluations

discovers the strengths and effectiveness of a program, which can provide support and

justification for continuing the program's funding as well as identifying areas for

program improvement.

Project Goals

The goal of this project was to determine the perceived program effectiveness of

the CISCP in helping its at-risk students in Grades 7–12 through their crises. The

developmental evaluation was guided by one research question to determine program

effectiveness.

Description of Key Stakeholders

The effectiveness of the CISCP can be determined by the feedback received from

the key stakeholders within the developmental evaluation. Key stakeholders include the

upper administration of the school district such as the superintendent, assistant

superintendent, and the director of special services. Additional stakeholders include

building administration from the high school and middle school such as the principals,

assistant principals, and the academic supervisor. Also, the at-risk students in Grades 7–

12 who are in the CISCP or who exited it are key stakeholders. These stakeholders

participated in the developmental evaluation and all played a role in determining the

effectiveness of the CISCP. In addition, the stakeholders are those connected to the

CISCP and the LCSWs. The LCSW's would be able to determine whether the

recommendations that were provided in the evaluation report are reasonable and

purposeful.

If the stakeholders are satisfied with the findings and the recommendations in the

evaluation report, they may move forward in creating a plan to implement the suggestions

for improvement. In addition, the stakeholders may have additional recommendations or

questions after reviewing the evaluation findings. As the program evaluator, I would be

available to answers questions and clarify any findings or recommendations with the

program them. Finally, this developmental evaluation project can also be replicated in

future years to assess for strengths and areas in need of improvement in the CISCP.

Project Implications

The findings of the project study may lead to positive social change by identifying

barriers that need to be adjusted in the CISCP to better meet the needs of the at-risk

students in Grades 7–12 through their crises. In addition, the findings of the study can

help a doctoral student in the future who is performing a developmental evaluation at the

local setting. The doctoral student will be able to view the design of the study and use it

for the benefit of their own study and for social change at their own local setting.

Furthermore, this project study can help school districts evaluate their own in-school

counseling programs. Additionally, this study can be added to the body of research and

practices regarding the feasibility of implementing a CISCP to help at-risk students in

crisis. Finally, others using my study will learn that using the perceptions of program

students and administrators in a developmental evaluation can be useful towards

improving a counseling program so that it meets the needs of the students in the program.

Importance to Local Stakeholders

I believe that the findings of my project will have a positive effect on social

change in my local community because they reveal that the CISCP is effective in helping

students through their crises. In this project, it was discovered that the students in the

CISCP are performing better in school, have improved attendance, and are being helped

through their crises, among other benefits. Thus, the students in the program and their

families have had the advantage of being in the program. They also will benefit knowing

the supports they received in the program are effective and timelier than if they were to

go to outside counseling. Moreover, the professionals close to the CISCP such as

building administration, school counselors, psychologists, and school nurses will have

confidence in referring future students to the program knowing that it is effective in

helping students through their crises. The project study has also provided a reference

point for program evaluations of the CISCP in the future. In addition, the project study

has provided recommendations for the improvement of the CISCP from the professionals

who are most knowledgeable about it. Finally, the project study has allowed me to have

collaborative conversations concerning the CISCP with the administrators in my school

district. These types of collaborative discussions can lead to a deeper understanding and

appreciation of the CISCP.

Importance to the Larger Context

This developmental evaluation identified barriers that prevent students from getting the help that they need after being referred to outside counseling. Those barriers include the cost of outside counseling, lack of insurance, the difficulty in securing an appointment that is convenient for the family to make, and having the transportation to get to the appointment (Swick & Powers, 2018). The importance to the larger context, then, is that this study shows that counseling programs in public schools can be effective in helping at-risk students in Grades 7–12 through their crises. The developmental evaluation can be used as a model for other districts who are looking to implement their own counseling program in their schools so their students and families do not have to face the barriers of outside counseling that exist. Also, for the school districts that do offer some form of an in-school counseling program, they can use the findings from this study to improve their program. In addition, scholars reading my study as a reference will learn that using the perceptions of at-risk students and administrators in an evaluation can be useful towards improving an in-school counseling program so that it meets the needs of those students who are using it.

Section 4: Reflections and Conclusions

This section covers my reflections and conclusions from having developed the project study's developmental evaluation. I discuss the strengths and limitations of the project deliverable and alternative approaches to addressing the problem in this study. In addition, I define what I learned through the process of researching scholarship, project development, leadership, and positive social change. Finally, I conclude this section with my reflection on the importance of the work as well as implications, applications, and directions for future research.

Project Strengths and Limitations

The developmental evaluation that I conducted focused on the perceived program effectiveness of the CISCP in helping its at-risk students through their crises. I decided to conduct a developmental evaluation of the CISCP because the effectiveness of this new program in meeting its objective was unknown. I analyzed anonymous student surveys and conducted semistructured interviews with the administrators to discover their perceptions regarding the program. A review of current research continued throughout the study and supported the need for a program that provides students the clinical counseling help that they require, a timely start to counseling, maintains confidentiality, and assists in helping students improve their school attendance.

Strengths

There were definite strengths of the project study. One was that this program evaluation was the only evaluation completed on the CISCP. Without an evaluation of the program, its effectiveness would remain unknown. As a result of this study, key

stakeholders have evaluative data on the effectiveness of the program to guide decision-making for the responsible allocation of resources. Another strength was that this evaluation included student perceptions as well as those of professionals who work closely with the CISCP. The perceptions were used to determine program effectiveness. Because of their proximity to the program, a true picture of the program's effectiveness was gained. A final strength is in the study's design. I used a developmental evaluation, where the evaluator is part of a team whose members collaborate in a process of continuous improvement to produce databased decision-making in the developmental process. The team approach produced the best decisions for the project study which, in turn, may benefit the CISCP students and professionals.

Limitations

One limitation of the project in addressing the problem was that the study took place during the COVID-19 pandemic. As a result, a true picture of the program could not be fully achieved in the study. Prior to the pandemic, the LCSWs met with the program's students in person, at their offices in a traditional face-to-face counseling session. COVID-19 forced the introduction to telehealth counseling sessions, those conducted virtually through Google Meet. In telehealth sessions, the LCSWs were in their offices, but the students were at home in front of a computer.

Many schools across North America physically closed in March 2020 as a precautionary measure in response to the rapid spread of COVID-19. This sudden shift from physical school attendance and regular interaction with peers and teachers to online learning and quarantining at home was a difficult adjustment for many students

(Schwartz et al., 2021). Pandemic-related school closures may influence youth wellness visits as well as access to mental health services provided by school-based counseling centers (Terepka et al., 2021). According to Schwartz et al. (2021), decades of research have provided support for the importance of physical school attendance on adolescent mental health. Poorer mental health in adolescents leads to increased absenteeism and chronic absenteeism, resulting in decreased physical and mental health outcomes for children and adolescents. The importance of attending school in person is significant because many children and youth also receive mental health services while they are physically present at school (Schwartz et al., 2021).

Additionally, school attendance and school connectedness were identified as protective factors for children and youth against a range of poor physical and mental health outcomes. As school is the place where adolescents spend a significant amount of time with peers, the shift to online learning in March 2020 may have been more difficult and possibly detrimental to adolescent mental health and resilience due to these factors. (Schwartz et al., 2021). The student surveys and the semistructured interviews with the administrators were conducted during the pandemic. Therefore, the perceptions of the students and the administrators may have been skewed due to the pandemic.

Recommendations for Alternative Approaches

The problem in this study was that the district was unaware if the CISCP was helping its students through their crises. Prior to this study, the program has not been formally evaluated. The CISCP was implemented in the 2019–2020 school year and its effectiveness had never been studied. I addressed the problem by gathering data from 10

completed student surveys and from semistructured interviews with seven administrators who work in the district. An alternative approach to address the problem would be to conduct semistructured interviews with the LCSWs who work in the CISCP and the school counselors and school psychologists who work closely with it. My supervisory role in the local school, however, prevented this approach in this study.

An alternative to the problem as defined in this study would be to look at the decision by the school district to address the problem of its at-risk students facing the obstacles to going to outside counseling by implementing the CISCP. One alternative solution to the problem includes the district providing space inside of its schools for local outside counseling agencies to counsel at-risk students in crisis. Another alternative solution is for the district to provide the necessary resources directly to the families of the at-risk students to overcome the barriers of outside counseling such as providing aid for acquiring health insurance or helping parents who struggle transport their children to outside counseling.

Scholarship, Project Development and Evaluation, and Leadership and Change

The process of developing this project study was challenging for me. At the start of the study, I had minimal understanding of what a developmental evaluation and a program evaluation were. Also, I found that to effectively work on the project, I needed tolerance for academic feedback and patience that I did not possess at the start of the process. My undergraduate major was journalism and professional writing so I have always been confident in my writing. Early on, I struggled with the critical feedback that I received, especially when it was directed at my lack of scholarly writing tone. I had to

learn to accept the criticism and to focus on the improvements that were necessary to make it through the process. When I did accept the process, I found myself making significant improvements to my study.

In addition, my mental frame of mind needed constant recalibration while completing the project study. I found that I needed to occasionally remind myself that the journey I was on was not ordinary or typical, that it was going to be difficult, and that feeling overwhelmed and frustrated was normal. I had to gather myself, take deep breaths, and fight through whatever difficulty I was facing. Also, I found that I struggled with maintaining alignment throughout the study. I work best by putting my focus in smaller parts while building towards the whole result. In doing so, I found that I often lost sight of the importance of keeping my study properly aligned. Using the Design Alignment Tool helping me with this issue. On the contrary, the easiest part of the study for me was conducting the semistructured interviews with the administrators. I enjoyed speaking with them about the CISCP, and I was able to use my background in journalism to ask additional questions based on their responses to gain a greater understanding.

The Walden University Library was a tremendous asset for me in conducting my scholarly research. I found the process of conducting research while on my laptop to be an incredibly efficient use of my time. Additionally, my committee members and URR were patient and encouraging as they supported me throughout the process. Overall, the study has been rewarding and empowering to complete.

Reflection on Importance of the Work

The CISCP is important to its students and their families. Therefore, conducting a developmental evaluation to examine its perceived effectiveness was a key challenge for me. As a scholar, I enjoyed the process that performing a developmental evaluation afforded me. As the evaluator, I was the leader of a team (i.e., the administrators) and together we reviewed the effectiveness of the CISCP to make it better. Furthermore, within the developmental evaluation model, I analyzed the data and used it to make decisions on what is best for the CISCP. The collaborative nature of the developmental evaluation is what led me to choose it as my evaluation design. In the semistructured interviews with the administrators, I was able to learn about their perspectives on the CISCP. Moreover, the collaboration with the administrators led me to discover first-hand how leaders both think and act, which was a wonderful experience for me. Finally, with the abundance of mental health issues in students due to the COVID-19 pandemic, the work that I did pertaining to the CISCP may benefit many students effected by the pandemic both now and in the future.

Throughout the process of completing the project study, I grew to appreciate the focus on positive social change. My time at Walden University has taught me to act when social change is necessary. The thought of acting to create social justice is as enthralling to me as the thought of receiving my doctorate degree, maybe even more. Going forward, as both a scholar and practitioner, I plan to maintain my focus on positive social change.

Implications, Applications, and Directions for Future Research

Since the main recommendations of the developmental evaluation include hiring
more LCSWs to expand the CISCP and to offer evening hours, a comprehensive
presentation of the findings of the study to the school district's board of education is
necessary. The support of the board of education is needed for the evaluation
recommendations to be accepted and implemented. The study has the potential for
positive social change by showing that it is possible for schools to have an autonomous,
yet effective CISCP that benefits their students and their families. Additionally, with its
emphasis on leadership of the evaluator and collaborative decision-making, the
developmental evaluation can be used in future evaluation research by education
professionals, especially in programs that seek to benefit the mental health of students.
With the recent popularity of online counseling and telehealth due to the COVID-19
pandemic, research is needed that examines the effectiveness of these new methods of
counseling. Finally, research is needed to guide schools through the challenges that at-
risk students face during the transition from online or remote learning back to in-person
school.

Conclusion

In this study, I examined the perceived program effectiveness of the CISCP. After
completing the literature review and data analysis, it became clear that the at-risk students
in the program and the administrators who work closely with it believe strongly that the
program is helping its students through their crises. Based on the findings of this study,
school districts should consider offering counseling services for students in their schools

rather than sending them out to face the different obstacles involved with getting help at outside counseling. The results of this developmental evaluation provide data to add to the body of research related to school districts who choose to offer their at-risk students a clinical counseling program within their schools rather than requiring them to go to counseling outside of their schools when they need help.

References

Allen-Meares, P., Montgomery, K., & Kim, J. (2013). School-based social work

intervention: A cross-national systemic review. *Social Work, 58*(3), 253- 262.

https://doi.org/10.1093/sw/swt022

American School Counselor Association. (2019). *The role of the school counselor*.

https://www.schoolcounselor.org/asca/ media/asca/Careers-

Roles/RoleStatement.pdf

Basu, S., & Banerjee, B. (2020). Impact of environmental factors on mental health of

children and adolescents: A systematic review. *Children and Youth Services*

Review, *119*. https://doi.org/10.1016/j.childyouth.2020.105515

Biolcati, R., Palareti, L., & Mameli, C. (2018). What adolescents seeking help teach us

about a school-based counseling service. *Child & Adolescent Social Work*

Journal, *35*(1), 45–56. https://doi.org/10.1007/s10560-017-0503-7

Bjørnsen, H. N., Ringdal, R., Espnes, G. A., Eilertsen, M.-E. B., & Moksnes, U. K.

(2018). Exploring MEST: A new universal teaching strategy for school health

services to promote positive mental health literacy and mental wellbeing among

Norwegian adolescents. *BMC Health Services Research*, *18*(1), 1001.

https://doi.org/10.1186/s12913-018-3829-8

Brueck, M. (2016). Promoting access to school-based services for children's mental

health. *AMA Journal of Ethics*, *18*(12), 1218–1224.

https://doi.org/10.1001/journalofethics.2016.18.12.pfor1-1612

Caldarella, P., Millet, A. J., Heath, M. A., Warren, J. S., & Williams, L. (2019). School

counselors use of social emotional learning in high School: A study of the Strong

Teens Curriculum. *Journal of School Counseling*, *17*(19), 1-35.

Cooper, A., MacGregor, S., & Shewchuk, S. (2020). A developmental evaluation of

research-practice-partnerships and their impacts. *International Journal of*

Education Policy & Leadership, 16(12).

https://doi.org/10.22230/ijepl.2020v16n9a967

De Vito, K. (2017). Schools fall short: Lack of therapeutic continuum of care in public

schools. *Reflections: Narratives of Professional Helping*, *23*(4), 4–19.

Doll, B., Nastasi, B. K., Cornell, L., & Song, S. Y. (2017). School-based mental health

services: Definitions and models of effective practice. *Journal of Applied School*

Psychology, *33*(3), 179–194. https://doi.org/10.1080/15377903.2017.1317143

Eklund, K. & Dowdy, E. (2014). Screening for behavioral and emotional risk versus

traditional school identification methods. *School Mental Health, 6*, 40–49.

https://doi.org/10.1007/s12310-013-9109-1

Epstein, S., Roberts, E., Sedgwick, R., Polling, C., Finning, K., Ford, T., Dutta, R., &

Downs, J. (2020). School absenteeism as a risk factor for self-harm and suicidal

ideation in children and adolescents: a systematic review and meta-analysis.

European Child & Adolescent Psychiatry, *29*(9), 1175–1194.

https://doi.org/10.1007/s00787-019-01327-3

Federal Interagency Forum on Child and Family Statistics. (2017). *America's children:*

Key national indicators of well-being, 2017: Adolescent depression.

https://www.childstats.gov/americaschildren/

Franklin, J. C., Ribeiro, J. D., Fox, K. R., Bentley, K. H., Kleiman, E. M., Huang, X., Musacchio, K. M., Jaroszewski, A. C., Chang, B. P., & Nock, M. K. (2017). Risk factors for suicidal thoughts and behaviors: A meta-analysis of 50 years of research. *Psychological Bulletin*, *143*(2), 187–232. https://doi.org/10.1037/bul0000084

Furman, C. E. (2019). Descriptive inquiry: Care of the principal self. *Ethics and Education*, *14*(3), 298–315. https://doi.org/10.1080/17449642.2019.1617390

Gamble, B. E. (2021). Parents of Black children and their perspectives on school psychology and mental health services in schools. *Taboo: The Journal of Culture & Education*, *20*(2), 28–57.

Green, J. G., Comer, J. S., Donaldson, A. R., Elkins, R. M., Nadeau, M. S., Reid, G., & Pincus, D. B. (2017). School functioning and use of school-based accommodations by treatment-seeking anxious children. *Journal of Emotional and Behavioral Disorders, 25*(4), 220–232. https://doi.org/10.1177/1063426616664328

Hilt, L. M., Tuschner, R. F., Salentine, C., Torcasso, G., & Nelson, K. R. (2018). Development and initial psychometrics of a school-based screening program to prevent adolescent suicide. *Practice Innovations, 3*(1), 1–17. https://doi.org/10.1037/pri0000060

Hodges, M., Guendelman, S., & Soleimanpour, S. (2021). Adolescents' use of school-based health centers and receipt of mental health supports. *Children and Youth Services Review*, *120*. https://doi.org/10.1016/j.childyouth.2020.105700

Hoover, S., & Bostic, J. (2021). Schools as a vital component of the child and adolescent

    mental health system. *Psychiatric Services*, *72*(1), 37–48.

    https://doi.org/10.1176/appi.ps.201900575

Hunter, W. C., Elswick, S. E., & Casey, L. B. (2018). Efficient wraparound service

    model for students with emotional and behavioral disorders: A collaborative

    model for school social workers and teachers. *Children & Schools*, *40*(1), 59–61.

    https://doi.org/10.1093/cs/cdx030

Ijadi-Maghsoodi, R., Bonnet, K., Feller, S., Nagaran, K., Puffer, M., & Kataoka, S.

    (2018). Voices from minority youth on help-seeking and barriers to mental health

    services: Partnering with school-based health centers. *Ethnicity & Disease*, *28*,

    437–444. https://doi.org/10.18865/ed.28.s2.437

Kang-Yi, C., Wolk, C. B., Locke, J., Beidas, R. S., Lareef, I., Pisciella, A. E., Lim, S.,

    Evans, A. C., & Mandell, D. S. (2018). Impact of school-based and out-of-school

    mental health services on reducing school absence and school suspension among

    children with psychiatric disorders. *Evaluation and Program Planning, 67*, 105–

    112. https://doi.org/10.1016/j.evalprogplan.2017.12.006

King-White, D. L. (2019). The role of school counselors in supporting mental health

    models in schools. *Journal of School Counseling*, *17*(1–23), 1–24.

Kutash, K., Duchnowski, A. J., & Green, A. L. (2011). School-based mental health

    programs for students who have emotional disturbances: Academic and social-

    emotional outcomes. *School Mental Health*, 3, 191–208.

    https://doi.org/10.1007/s12310-011-9062-9

Lam, C. Y., & Shulha, L. M. (2015). Insights on using developmental evaluation for

    innovating: A case study on the cocreation of an innovative program. *American*

    Journal of Evaluation, *36*(3). https://doi.org/10.1177/1098214014542100

Larson, S., Spetz, J., Brindis, C. D., & Chapman, S. (2017). Characteristic differences

    between school-based health centers with and without mental health providers: A

    review of national trends. *Journal of Pediatric Health Care*, *31*(4), 484–492.

    https://doi.org/10.1016/j.pedhc.2016.12.007

Lenares-Solomon, D., Brown, M. H., & Czerepak, R. (2019). The necessity for school-

    based mental health services. *Journal of Professional Counseling: Practice,*

    Theory & Research, *46*(1/2), 3–13.

    https://doi.org/10.1080/15566382.2019.1674074

LoCurto, J., Pella, J. E., Chan, G., & Ginsburg, G. S. (2020). Caregiver report of the

    utilization of school-based services and supports among clinically anxious youth.

    Journal of Emotional & Behavioral Disorders, 29(2), 93-104.

    https://doi.org/10.1177/1063426620942155

Magson, N. R., Freeman, J. Y. A., Rapee, R. M., Richardson, C. E., Oar, E. L., &

    Fardouly, J. (2021). Risk and protective factors for prospective changes in

    adolescent mental health during the COVID-19 pandemic. *Journal of Youth and*

    Adolescence, *50*(1), 44–57. https://doi.org/10.1007/ s10964-020-01332-9

Marsh, R. J., & Mathur, S. R. (2020). Mental health in schools: An overview of

    multitiered systems of support. *Intervention in School and Clinic*, *56*(2), 67–73.

    https://doi.org/10.1177/1053451220914896

Malak, M. Z., & Khalifeh, A. H. (2018). Anxiety and depression among school students in Jordan: Prevalence, risk factors, and predictors. *Perspectives in Psychiatric Care*, *54*(2), 242–250. https://doi.org/10.1111/ppc.12229

Mancini, M. A. (2020). A pilot study evaluating a school-based, trauma-focused intervention for immigrant and refugee youth. *Child & Adolescent Social Work Journal*, *37*(3), 287–300. https://doi.org/10.1007/s10560-019-00641-8

Marsh, R. J., & Mathur, S. R. (2020). Mental health in schools: An overview of multitiered systems of support. *Intervention in School and Clinic*, *56*(2), 67–73. https://doi.org/10.1177/1053451220914896

National Association of School Psychologists. (2019). *Who are school psychologists*? https://www.nasponline.org/aboutschool-psychology/who-are-school-psychologists

Odenbring, Y. (2018). Mental health, drug use and adolescence: Meeting the needs of vulnerable students in secondary school. *The Urban Review, 50*(3), 363-377. https://doi.org/10.1007/s11256-017-0437-6

Patton, M. Q. (2010). *Developmental evaluation: Applying complexity concepts to enhance innovation and use* (1st ed.). Guilford Press.

School Social Work Association of America. (2019). *Role of school social worker*. https://www.sswaa.org/school-social-work

Schultz, B. K., Al-Hammori, D., Mirabelli, K., & Gaither, L. (2020). Mental health services in North Carolina's public schools. *North Carolina Medical Journal*, *81*(2), 111–115. https://doi.org/10.18043/ncm.81.2.111

Schwartz, K. D., Exner-Cortens, D., McMorris, C. A., Makarenko, E., Arnold, P., Van

    Bavel, M., Williams, S., & Canfield, R. (2021). COVID-19 and student well-

    being: Stress and mental health during return-to-school. *Canadian Journal of*

    School Psychology, 36(2), 166–185. https://doi.org/10.1177/08295735211001653

Searcey van Vulpen, K., Habegar, A., & Simmons, T. (2018). Rural school-based mental

    health services: Parent perceptions of needs and barriers. *Children & Schools*,

    40(2), 104–111. https://doi.org/10.1093/cs/cdy002

Searle, M., Merchant, S., Chalas, A., & Chi Yan Lam. (2017). A case study of the

    guiding principles for collaborative approaches to evaluation in a developmental

    evaluation context. *Canadian Journal of Program Evaluation, 31*(3).

    https://doi.org/10.3138/cjpe.328

Stempel, H., Cox-Martin, M. G., O'Leary, S., Stein, R., & Allison, M. A. (2019).

    Students seeking mental health services at school-based health centers:

    Characteristics and utilization patterns. *Journal of School Health, 89*(10), 839–

    846. https://doi.org/ 10.1111/josh.12823

Swartz, K., Musci, R. J., Beaudry, M. B., Heley, K., Miller, L., Alfes, C., Townsend, L.,

    Thornicroft, G., & Wilcox, H. C. (2017). School-based curriculum to improve

    depression literacy among US secondary school students: A randomized

    effectiveness trial. *American Journal of Public Health, 107*(12), 1970–1976.

    https://doi.org/10.2105/AJPH.2017.304088

Swick, D., & Powers, J. D. (2018). Increasing access to care by delivering mental health

    services in schools: The school-based support program. *School Community*

Journal, *28*(1), 129–144.

Tabrizi, Y. F., & Sheikholeslami, R. (2020). The role of perception of classroom structure on students' mental health. *Educational Research and Reviews*, *15*(10), 639–644. https://doi.org/10.5897/err2019.3793

Terepka, A., Torres-Pagán, L., & De La Fuente, A. (2021). Schools on the front lines: School based health centers amidst COVID-19. *School Psychology*. https://doi.org/10.1037/spq0000432

Villarreal, V., & Castro-Villarreal, F. (2016). Collaboration with community mental health service providers: A necessity in contemporary schools. *Intervention in School and Clinic*, *52*(2), 108–114. https://doi.org/10.1037/e573682010-002

Wegmann, K. M., Powers, J. D., Swick, D. C., & Watkins, C. S. (2017). Supporting academic achievement through school-based mental health services: A multisite evaluation of reading outcomes across one academic year. *School Social Work Journal*, *41*(2), 1–22.

White, H., LaFleur, J., Houle, K., Hyry-Dermith, P., & Blake, S. M. (2017). Evaluation of a school-based transition program designed to facilitate school reentry following a mental health crisis or psychiatric hospitalization. *Psychology in the Schools, 54*(8), 868–882.

Yin, R. K. (2018). *Case study research: Design and methods* (6th ed.). Sage.

Appendix A: The Project

Evaluation Report on a

Clinical In-School Counseling Program

Prepared by: Anthony A. Mormile

January 2022

Executive Summary

A developmental evaluation was conducted of the clinical in-school counseling program (CISCP) in a K–12 school district in the northeastern United States. The developmental evaluation included perception data from students in the program and administrators who work with it as a basis to determine perceived program effectiveness. I collected the data for the evaluation by accessing completed, confidential student surveys and by conducting semistructured interviews with the administrators. I then organized these quantitative data (i.e., surveys) and qualitative data (i.e., interviews) for themes that revealed the perceptions regarding the program. The results from the study were that the CISCP was successful in helping the at-risk students through their crises and that program improvement recommendations include expanding the CISCP to reach more students by hiring additional LCSWs and by providing evening and Saturday hours. I used the findings of this developmental evaluation to determine perceived program effectiveness of the CISCP.

Program Description

The CISCP was implemented in a K–12 public school district in the northeastern United States in its middle and high school for students in Grades 7–12 in the school year 2019–2020. The CISCP is unique in that it offers a higher level of clinical counseling and support for students that is usually not available in public schools. Previously, the at-risk students in crisis in Grades 7–12 were referred to services outside of the school such as outside counselors or out of district therapeutic placements. The CISCP provides help for

the students without them leaving their school which will benefit the students, their

parents, and the school.

The professionals who work in the program are the two licensed school social

workers (LCSW). A professional with a LCSW license is trained therapeutically and,

therefore, is trained to conduct a deeper level of counseling than school counselors or

psychologists. There is one LCSW in the middle school and one in the high school. They

are responsible for all the counseling in the program. They first receive the referral of the

student and then assess if the student is appropriate for the program. The next step is that

the LCSW reaches out to the parents or guardians of the student to explain the program

and to obtain appropriate permissions and signatures to enroll students in the program.

Additionally, the parents must agree to attend family therapy in the CISCP if the LCSW

believes it is necessary. If the LCSW feels the student is not appropriate for inclusion in

the program, then the student returns to the school counselor or psychologist for

counseling.

Students are usually referred to the CISCP by school counselors, psychologists,

nurses, or building administrators. When the LCSW determines the student to be

appropriate for the program, weekly or bi-weekly counseling begins. The counseling will

take place in the office of the LCSW although during the pandemic in remote learning

counseling took place online over Google meet. Each LCSW has a private office and

maintains a caseload of approximately 12-15 students. The goal of counseling is for the

LCSW to work on the presenting problem with the student until the student is helped

though their crisis. The length of the counseling with each student varies. Typically, it can last from 2 to 3 months but can take even longer.

Evaluation Design

The purpose of the study was to examine the perceived program effectiveness of the CISCP in helping its at-risk students through their crises. In this developmental evaluation, I examined the following factors: (a) overall program effectiveness at helping students through their crises, (b) parental communication, (c) maintaining confidentiality, and (d) improvement in school attendance and academic grades of program participants. Additionally, I gathered data on perceptions of counseling helpfulness in the CISCP compared to outside counseling. Using a developmental program evaluation design, I accessed data in the form of completed confidential student surveys to determine how the students viewed their experience in the program. In addition, I conducted semistructured interviews with administrators who have been close to the program in its two years of existence.

The confidential student surveys were administered by the LCSWs and then I accessed them ex post facto. The surveys were voluntary and the students who took them were either in the program or recently exited it. Access to the surveys was gained by sending an email to the superintendent of the school district for permission. The students took the 10-item CISCP Satisfaction Surveys voluntarily and without recording any personally identifying information. The items on this scale ($n = 4$), ranged from *strongly agree* to *strongly disagree*, and were administered in a purposive manner. Based on a 4-point Likert scale, the students had the opportunity to provide one of the following

responses to each of the items: (1) strongly disagree, (2) disagree, (3) agree, and (4) strongly agree. Access to the administrator participants was gained by sending an email to them. The email invitation included the purpose of the study, procedures for the interview, information about confidentiality and participant risks, and informed consent. Again, I accessed the confidential student surveys ex post facto and the researcher had no relationship with the students in the program. I work and collaborate with all the administrators who were interviewed.

I collected the data generated for this evaluation from the confidential student surveys and semistructured interviews with administrators and included responses from 10 students and seven administrators. Again, the student surveys were confidential and, therefore, nothing is known about the students who took the surveys. The seven administrators that I interviewed were the superintendent, assistant superintendent, director of special services, high school principal, high school academic supervisor, the middle school principal, and the middle school assistant principal. Moreover, the administrators that I interviewed have collaborated with the clinical social workers who counsel the students in the program as well as the other professionals in the program and, thus, have knowledge about it.

The surveys and administrator interview questions for this evaluation were designed to elicit specific and useful information about perceived program effectiveness from the perspective of the students in the program and the administrators who are familiar with it. The data analysis consisted of first analyzing the mean scores for each item and for each student on the student surveys. Next, I analyzed the students' responses

to the three open-ended questions for themes to emerge. Finally, I analyzed the

administrator interview transcripts to identify patterns or themes for each of the

questions. I sorted the themes into groups that identified as strengths of the program and

those that identified an area of improvement for the program. I took steps to ensure

credibility and accuracy of the data and findings and found no discrepancies in surveys or

the faculty member interviews.

Findings

The developmental evaluation study was guided by the following research

question:

How does the CISCP in a public school district in the northeastern United States

meet its objective of helping the at-risk students through their crises?

Each survey and interview question depicted a specific element of the program. The

responses, taken together, helped in determining how the CISCP met its objective.

Student Surveys: Quantitative Analysis and Implications

The 10 students responded to 10 statements about different aspects of the

program. The responses were based on a 4-point Likert scale, ranging from a response of

four which means *strongly agree* to a response of one which means *strongly disagree*.

The 10 students responded to all the statements, and a mean score was calculated for

each. The following is a list of the mean scores of student responses from the highest to

the lowest.

The first statement was, "I was treated considerately and respectfully by my

counselor," and the mean score was 3.8. Eight of the students responded *strongly* and the

other two responded *agree*. This is significant as consideration and respect for students is the cornerstone of the CISCP.

The fourth statement was, "When I meet with my counselor, I am getting the help that I need," and the mean score was 3.8. Eight students strongly agreed and two students agreed. This shows that the program is effective in getting the students through their crises.

The fifth statement was, "My counselor maintains proper confidentiality in what we discuss in our sessions," and this statement had a mean score of 3.8. Eight of the students strongly agreed and two students agreed. Confidentiality is a major component of the licensure of the LCSWs in the program. Students are more likely to share information about themselves when they know what they share will remain private which leads to positive gains in counseling.

The seventh statement was, "What I learned in counseling has led to positive changes in my life." This statement had a mean score of 3.8 as eight students strongly agreed with it and two agreed. Again, the program is effective in helping its students.

The ninth statement was, "My grades have improved since being a part of the counseling program." The mean score was 3.7. Nine students strongly agreed with the statement and one student strongly disagreed. This statement garnered the most responses of strongly agree of the 10. Students whose grades have improved is an ancillary benefit of the program as this was not one of its objectives. It does make sense, however, since students who are healthy mentally and who attend school are likely to achieve better grades.

The second statement was, "At the start of my counseling, I met with my counselor in a timely manner," and the mean score was 3.6. Six students strongly agreed and four agreed. One of the barriers to students being referred to outside counseling is how long it is to both make an appointment with the outside counselor and to begin counseling. Students starting counseling in a timely manner is one of the strengths of the CISCP and the student response here confirms it.

The third statement was, "My counselor is able to meet with me on a regular and consistent basis." The mean score was 3.5. Seven students strongly agreed and one other student agreed with the statement. Also, two students disagreed with the statement. There are possible explanations for the two students who disagreed with the statement. First, due to the pandemic the school district was in remote learning for most of the school year. As a result, most of the counseling was done through Google meet. There might have been issues with the network connection which could have prevented the meeting from taking place. Second, the LCSWs in the program are often called out of sessions to help with emergencies such as crisis interventions. That happens often and could be the reason the two students disagreed.

The eighth statement was, "My attendance has improved since being a part of the counseling program." This statement had a mean score of 3.5. Six students strongly agreed, three students agreed, and one student disagreed with the statement. This is yet another ancillary benefit of the program.

The tenth statement was, "I live a healthier lifestyle in at least one area such as more sleep, exercise more, eat better, use less alcohol/drugs, and have healthy

relationships." The mean score for this statement was 3.5. Seven students strongly

agreed, one agreed, and two disagreed with this statement. One of the students who

disagreed was the same student who disagreed with their attendance improving and who

strongly disagreed with their grades improving. This student's mean response was 2.5

which was the lowest of all 10 students.

The sixth statement was, "My counselor communicates properly with my

parents," and the mean score was 3.3. Five students strongly agreed, three students

agreed, and two students disagreed. When the LCSW feels the student is a danger to self

or to someone else, they are compelled to contact the parent or guardian. Consequently,

this contact can upset the student. They really enjoy the confidentiality the program

affords them and can struggle to understand that the LCSW sometimes must call home.

The responses to this statement led to one of the program's suggestions for improvement.

At the start of counseling, the LCSW should make go over with the students what the

parameters are that will lead them to call home. I will review this suggestion for

improvement with the LCSWs.

Student Surveys: Qualitative Analysis and Implications

Due to the lack of response by the students, no themes emerged from the student

responses to the three open-ended questions at the end of the survey. The first question

was, "Do you have any suggestions to improve the program?" The only response of

substance was, "More activities." It is difficult to understand what the student was

referring to by stating that. The second question was "Would you like to elaborate on any

of the questions above?" There were no responses of substance to this question. The third

question was only for students who have exited the program and asked "What was the improvement that you had personally that led you to exit the program?" There was only one response to this item; and it was, "Meet my counselor." It appears the student believed that having the LCSW as the counselor led them to improve to the point where the student was able to exit the program.

Administrator Interviews: Qualitative Analysis and Implications

From the perspective of the administrators that work closely with the program, the CISCP has been effective in helping at-risk students through their crises since its implementation in 2019. Since then, many more students are getting the counseling help that they need and that help is timelier. Obstacles related to referral to outside counseling prevented students from getting effective, timely counseling prior to the start of the CISCP. Now, getting at-risk students timely counseling help is not a significant concern. Also, the LCSWs are effective at helping the at-risk students in the program. By serving as consultants to the other mental health professionals, the presence of the LCSWs has been a benefit to all the students in the schools. Collaboration has taken place among all professionals in the school which is another benefit for the students. Additionally, the attendance of the students in the program has improved which in turn has helped them improve their grades. The LCSW maintains confidentiality of what takes place in counseling and communication with parents or guardians takes place and is appropriate. If necessary, the LCSW conducts family sessions with the students and family.

Additionally, the interviews with the administrators revealed the following themes about the CISCP:

1. More students are getting counseling help now in the CISCP than prior to its implementation in 2019. Prior to 2019, students did not always go to outside counseling for a few reasons such as the inconvenience going after school when their parents/guardians work, the family often not having health insurance, and the cost. More at-risk students go to regular counseling now in the CISCP because of its convenience of being in school.

2. Students who are referred to the CISCP get a timely appointment soon after the referral. Prior to the CISCP, students were referred outside the school for counseling and getting a timely appointment with outside counseling was often a challenge. The parents had to arrange the appointment which was difficult and took time. Also, lack of health insurance and the cost of counseling were obstacles to obtaining consistent services. Also, when warranted, family counseling is more easily arranged. The LCSW is helping students with deep rooted problems and collaboration is occurring among professionals.

3. Data showed that student attendance improved for the students in the CISCP. Data, however, were affected by student attendance during the pandemic. Informally, administrators are aware of the students they know are in the CISCP are doing better.

4. The administrators believe the CISCP has been meeting its goal of helping its students through their crises. Deeper crises of students who are harmful to self or other still result in referrals to outside counseling. Students in the program, however, are getting help inside the school. In addition, all mental health

professionals within the school such as school counselors, psychologists, nurses, and the LCSWs are collaborating well together. Also, each LCSW is serving as a mental health consultant to the other professionals in their school which has raised the overall level of wellness care in each school.

5. The LCSWs take confidentiality seriously. It is a major piece of their licensure. Have to break confidentiality when student is a threat to self/others. Students are aware of the high level of confidentiality and as a result are happy and comfortable sharing to the LCSW.

6. The LCSWs communicate properly with the parents and guardians of the students in the program. Parents/guardians must first sign forms for the students to begin counseling. They also must agree to a family session if the LCSW deems it to be necessary. Communication is made with the parents of the students yet confidentiality is maintained.

7. At the implementation of the CISCP, there was a gray area over which students should be referred to the program and how. Now, though, all the professionals connected to the program, such as school counselors, psychologists, nurses, and administrators understand their roles. Also, articulation is taking place so the professionals are working together for the benefit of students.

8. Collaboration is taking place among the LCSWs, building administrators, and upper administrators for the benefit of the students in the program. When procedures are not followed, students may fall through the cracks and not receive the help that they need.

9. Almost all participants mentioned in the interviews that the school district should hire more LCSWs to expand the program so more students can get help. Also, consideration should be made to expanding services offered to the evening. There is a stigma attached to counseling and thus not all students want to receive it during the school day. Perhaps they will be willing to go to counseling in the evening.

Themes from the Students and the Administrators

The developmental evaluation was used to determine the perceived program effectiveness of the CISCP in helping its at-risk students in Grades 7–12 through their crises. According to themes that emerged from the study, the CISCP is indeed effective. The themes that were consistent between the students and the administrators are the students are getting the help they need in the program, students start counseling in the CISCP in a timely manner, confidentiality is being maintained in the CISCP, and finally school attendance for the students in the program has improved.

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Recommendations

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The following recommendations are based on the identified areas of improvement constructed from the responses from the confidential student surveys and the administrator interviews.

1. Expand the program. Currently each LCSW maintains a caseload of 12-15 students. By hiring additional LCSWs, the program can be expanded and therefore more students who are at-risk can get the help that they need.

2. Consider adding evening and weekend hours to the CISCP. There is a stigma attached to counseling and some students might feel uncomfortable going to counseling during the school day. Offering evening hours may serve to remove that stigma for students. Also, it might be more convenient for families that work during the day to have an option to attend family sessions in the evening.

3. The LCSWs should review the parameters of when parent or guardian communication might take place with the students at the start of counseling.

4. The CISCP should consider formally tracking the attendance and grades of the students while they are in the program. The Intervention and Referral Service program can be used as a model and assistance to this can be provided by school counselors, psychologists, and even building administrators. Also, resources can be developed and provided to parents regarding how their children can improve their attendance in school.

Power Point Presentation: Evaluation Report to the Board of Education

PROGRAM DESCRIPTION

- The CISCP was implemented at ▮▮▮ in the school year 2019-2020.
- The CISCP is unique in that it offers a higher level of clinical counseling and support for students that is usually not available in public schools.
- Previously, students in crisis were referred to services outside of the school such as outside counselors or out of district therapeutic placements.
- Now, the CISCP provides help for the students without them leaving their school which will benefit the students, their parents, and the school.

LICENSED CLINICAL SOCIAL WORKERS

- The professionals who work in the program are LCSWs who are responsible for all of the counseling in the program.
- They first receive the referral of the student and then assess if the student is appropriate for the program. If so, the LCSW reaches out to the parents or guardians of the student to explain the program and to get them to sign the paperwork to begin the program.
- The parents must agree to attend family therapy in the CISCP if the LCSW believes it is necessary.
- The LCSW license is a therapeutic license and therefore is able to conduct a deeper level of counseling than school counselors or psychologists can.

REFERRAL PROCESS TO THE LCSW

- Students are usually referred to the CISCP by school counselors, psychologists, nurses, or building administrators.
- The weekly or bi-weekly counseling will take place in the office of the LCSW although during the pandemic in remote learning counseling took place online over Google meet.
- Each LCSW has an office and maintains a caseload of approximately 12-15 students.
- The goal of counseling is for the LCSW to work on the presenting problem with the student until the student is helped though their crisis. Typically, the length of counseling varies and can last from two to three months or longer.

EVALUATION DESIGN

- The purpose of the study was to examine the perceived program effectiveness of the CISCP in helping its at-risk students through their crises.
- A developmental evaluation was utilized to examine if school district helped its students better now with the CISCP or prior to its implementation when at-risk students were referred to outside counseling.
- Data in the form of completed confidential student surveys were accessed to determine how the students viewed their experience in the program.
- Also, semi-structured interviews were conducted with administrators who have been close to the program in its two years of existence.

RESEARCH QUESTION

- *How does the Clinical In-School Counseling Program in a public school district in the northeastern United States meet its objective of helping the at-risk students through their crises?*

THEMES THAT EMERGED FROM THE STUDENT SURVEYS AND THE ADMINISTRATOR INTERVIEWS

- According to themes that emerged from the study, the CISCP is indeed effective.
- The students are getting the help they need in the program.
- Students start counseling in the CISCP in a timely manner.
- Confidentiality is being maintained in the CISCP.
- School attendance for the students in the program has improved.

RECOMMENDATIONS FOR THE CISCP

- Expand the program so more students that are at-risk can get the help that they need.

- Consider adding evening and weekend hours to the CISCP. There is a stigma attached to counseling and some students might feel uncomfortable going to counseling during the school day. Offering evening hours may serve to remove that stigma for students. Also, it might be more convenient for families that work during the day to have an option to attend family sessions in the evening or on the weekend.

- At the start of counseling, the LCSWs should review the parameters of when parent or guardian communication might take place.

- The CISCP should consider formally tracking the attendance and grades of the students while they are in the program.

Appendix B: Student Satisfaction Survey

<u>Student Satisfaction Surveys</u>: Following the statement, circle the response that represents how you feel.

1. I was treated considerately and respectfully by my counselor.

    1—Strongly disagree   2—Disagree   3—Agree   4—Strongly Agree

2. At the start of counseling, I met with my counselor in a timely manner.

    1—Strongly disagree   2—Disagree   3—Agree   4—Strongly Agree

3. My counselor is able to meet with me on a regular and consistent basis.

    1—Strongly disagree   2—Disagree   3—Agree   4—Strongly Agree

4. When I meet with my counselor, I am getting the help that I need.

    1—Strongly disagree   2—Disagree   3—Agree   4—Strongly Agree

5. My counselor maintains proper confidentiality in what we discuss in our sessions.

    1—Strongly disagree   2—Disagree   3—Agree   4—Strongly Agree

6. My counselor communicates properly with my parents.

    1—Strongly disagree   2—Disagree   3—Agree   4—Strongly Agree

7. What I learned in counseling has led to positive changes in my life.

    1—Strongly disagree   2—Disagree   3—Agree   4—Strongly Agree

8. My attendance has improved since being a part of the counseling program.

    1—Strongly disagree   2—Disagree   3—Agree   4—Strongly Agree

9. My grades have improved since being a part of the counseling program.

    1—Strongly disagree   2—Disagree   3—Agree   4—Strongly Agree

10. I live a healthier lifestyle in at least one area: i.e. more sleep, exercise more, eat better, use less alcohol/drugs, healthy relationships.

    1—Strongly disagree   2—Disagree   3—Agree   4—Strongly Agree

PLEASE ANSWER THE FOLLOWING QUESTIONS.

1. Do you have any suggestions to improve the program?

2. Would you like to elaborate on any of the survey questions above?

3. (Only for students that have exited the program) What was the improvement that you had personally that led you to exit the program?

Appendix C: Semistructured Interview Guide

1. How does the number of students referred to the CISCP compared to the number of students referred to outside counseling prior to the CISCP's implementation in 2019–20?

2. Are the at-risk students being referred to the CISP getting the help that they need that they might not have received previously at outside counseling?

3. Students getting a timely and convenient appointment with an outside counselor was an issue prior to the CISCP's implementation. Are students now being helped in a timely manner?

4. Has the school attendance of the students in the CISCP improved?

5. Have the grades of the students in the CISCP improved?

6. Are the students in the CISCP receiving the help that they need to get them through their crises?

7. In regards to confidentiality, is the privacy of the students in the program being maintained?

8. Does the CISCP properly communicate with the parents of the students in the program?

9. Do the professionals in the school that are just outside the program—school counselors, CST members, school nurses—understand its purpose in helping students through their crises and are referring to the program properly?

10. Do the building administrators that assist in the supervision of the CISCP understand its purpose of helping students through their crises?

11. What improvements are needed to the CISCP to help it meet its goal of helping the school's at-risk students through their crises?